

January 20, 2004

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, CA 90012

Dear Supervisors:

**REQUEST TO ADOPT THREE COUNTY GOALS AND  
CORRESPONDING RECOMMENDATIONS TO IMPROVE THE LIVES  
OF CHILDREN AND FAMILIES IN LOS ANGELES COUNTY  
(All Districts) (Three Votes)**

**IT IS THEREFORE RECOMMENDED THAT THIS BOARD:**

1. Adopt the three goals and nine corresponding recommendations described in Attachment A of this report to help improve the lives of children and families.
2. Include the three goals into the County's Strategic Plan, Goal 5.
3. Instruct the Chief Administrative Officer in coordination with the Children's Planning Council, the Directors of Children and Family Services, Health, Probation, and Public Social Services to report back to the Board every six months, for the next eighteen months, regarding progress in achieving these recommendations.

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

On October 29, 2002, the Board requested that the Children's Planning Council (CPC) develop recommendations to address the plight of children, based on the California Report Card prepared by Children Now, a statewide child advocacy organization, which found that California compares poorly with many other states in providing adequate education, health care, and economic security for young children and families. The 2002 Los Angeles County Children's ScoreCard, prepared by CPC, further found that —

although countywide improvements had been made between 1995 and 1999 across L.A. County's five outcomes of child well-being — thousands of children and families continue to fare poorly in the areas of health access, economic well-being, safety, and social/emotional well-being.

#### In-Depth Analysis of California Report Card and Children's ScoreCard & Initial Process

The process to develop recommendations to the Board began with a thorough review of both publications. This review indicated that there was mutual concern in a number of areas and, while there were minor differences in how the data was organized, there was a natural alignment around the county's five outcomes of child well-being. A copy of this analysis is provided in Attachment D.

The analysis was reviewed by a small interim workgroup, comprised of members of the CPC Executive Committee, the Data Partnership, and members of the Service Planning Area/American Indian Children's (SPA/AIC) Councils. This group also produced criteria by which to identify appropriate recommendations (see Attachment B). Based on these criteria, a short list of potential areas of focus for recommendations was developed. To test the relevancy of these areas to real concerns and issues in the community, these areas were shared with the leadership of each of the SPA/AIC Councils during the spring of 2003.

By the summer of 2003, the Children's Planning Council had narrowed the focus to what we believe to be three areas that – according to the two reports, the community, and the leadership of the CPC – are deemed to be the most compelling, and for which there are immediate opportunities to make significant impact. These areas are:

- Access to health coverage for all children and youth
- Safe, stable, nurturing families for children
- Access to the Earned Income Tax Credit for families

#### Background on the Areas Selected

##### 1. Health Access

Good Health is an essential part of a child's overall well-being. While the links between children's overall well-being and good health are well documented, there are still barriers that prevent many children in Los Angeles County from improving on various indicators of good health. One key indicator is access to health coverage. While recent data from the Los Angeles County Health Survey

(L.A. Survey) provide encouraging evidence about the progress made to extend health coverage to uninsured children, Los Angeles County continues to have a higher rate of uninsured children compared to California (16.9% compared to the State's 14.3%).<sup>1</sup> Results of the L.A. Survey indicate that the percentage of uninsured children has dropped by 10% in Los Angeles County. However, approximately 276,000 children are still without some type of health coverage.

Further, statewide and local data suggest that ethnic and income disparities are substantial when looking at coverage rates and that continued efforts are needed to ensure that all of the County's children have health coverage.

Research indicates that a variety of factors complicate the ability of families to enroll and retain their children in health coverage and, therefore, access quality care. Factors such as household income, parental employment status, and age may impact the ability of families to insure their children. In addition, the "patch-work" of programs that currently provides coverage to children, youth, and their families poses its own barrier to ensuring that they have health coverage. The variety of programs, complex forms, and eligibility criteria make it difficult for families to enroll and maintain enrollment in their children's health coverage and, consequently, makes it difficult for many of these children to access appropriate and timely health care.

## 2. Safe, Stable, Nurturing Families

The social and emotional well-being and safety of children is paramount to their overall well-being. To achieve their potential, children need warm and secure relationships with parents and other caregivers. Social and emotional well-being sets the stage for how children feel about themselves, how they interact in the world and how they form and sustain healthy relationships. Similarly, children need to experience safe and secure relationships in order to develop into self-confident adults. To accomplish both of these outcomes, children must be given the opportunity to grow up in safe, stable, nurturing families.

Some of the indicators we rely on as proxies for children living in safe, stable nurturing families include child maltreatment referrals and number of children in out-of-home care. According to the *2002 California Report Card: Children's Critical Early Years*, produced by Children Now, the rate of California children in foster care declined between 1998 and 2000 but was still well above the national rate. While Los Angeles County has one of the lower child abuse referral rates in the state, it has some of the highest rates of children in foster care. There were

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<sup>1</sup> California Report Card 2003

nearly 139,000 reports in which a child was referred to the Los Angeles County Department of Children and Family Services (DCFS) for maltreatment in Los Angeles County in 2002. According to the Children's ScoreCard, in 1999, there were 48,354 children in out-of-home placement through DCFS. Of great concern in Los Angeles County is the disproportionate rate of children of color that enter into foster care and the length of time it takes to safely reunify children and youth with their families, which also exceeds the State and national averages.

### 3. Earned Income Tax Credit

The economic well-being of families tells us whether they have resources to meet their children's basic needs for food, shelter, transportation, child care, health care, and education. Indeed, poverty can have a negative impact on a child's health and social and emotional well-being, it often determines whether a child experiences a safe and secure childhood, and if they have access to a good education.

According to the 2002 *California Report Card: Children's Critical Early Years* produced by Children Now, California ranks in the bottom fifth of all states in its proportion of low-income families and, in 2000, had the eighth highest child poverty rate nationwide. Within California, Los Angeles had one of the highest rates. The most recent Los Angeles County Children's ScoreCard, which tracked indicators of child well-being between 1995 and 1999, indicates that "despite a strong economy, one-quarter of all children living in Los Angeles County remained in extreme poverty (at or below the Federal Poverty Level), and more than half teetered on the edge, living in 'low income' families."<sup>2</sup> When viewed on a regional level, the disparities become even more pronounced, as reflected in South Los Angeles (SPA 6) where three out of every four children live in low-income families.

While there are various strategies for addressing the economic security of families, the Children's Planning Council believes that the Federal Earned Income Tax Credit can help reduce the number of children living under the poverty level and – over time – show an improved trend in the Children's ScoreCard for this indicator of economic well-being.

For each of these three areas, a more detailed analysis is provided with the recommendations in Attachment E.

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<sup>2</sup> Los Angeles County Children's ScoreCard, Children's Planning Council, 2002

### ScoreCard Recommendation Workgroups

During October and November 2003, CPC convened three stakeholder groups to develop specific recommendations for each of the three areas identified above. Attachment C shows the composition of each of these workgroups, which represented a broad array of stakeholders from the public and private sector and community. These Workgroups adopted the criteria developed by the initial CPC workgroup and, over two full day meetings, each group identified a bold, measurable goal and three recommendations for their specific areas.

### Three Bold, Aggressive Goals

As each group worked to develop recommendations to address the concerns noted above, they also developed aggressive goals for the County. These goals are intended to be met within 18 months, or make substantial progress toward these goals during this same period:

1. By July 2005, ensure that an additional 135,000 children and youth are enrolled in health coverage programs.<sup>3</sup>
2. By July 2005, significantly increase the number of children living in safe, stable, nurturing families.<sup>4</sup>
3. By July 2005, increase the number of families with children that file and receive the Earned Income Tax Credit by 20,000.

In developing these goals and the corresponding recommendations, the ScoreCard Workgroups recognized the critical importance of the County establishing and strengthening its strategic alliances and community partnerships to achieve these ambitious goals. They also identified how the County's leadership and participation in implementing the recommendations will be essential to new efforts or would add value to ongoing work related to achieving the goals. These alliances and partnerships are identified in each of the recommendations.

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<sup>3</sup> Contingent upon continued state and federal funding and support for current programs

<sup>4</sup> A specific, measurable goal will be developed by the workgroups named in the recommendations.

### Alignment to School Readiness Indicators

The three proposed goals support the school readiness framework developed by the Children's Planning Council and approved by this board in July of 2003. Each of these areas – access to health coverage; safe, stable, nurturing families; and economic stability – are essential indicators of school readiness and serve to build on our county's commitment to ensuring that all children are ready to succeed in school.

### **IMPLEMENTATION OF STRATEGIC PLAN GOALS**

These recommendations contribute to the achievement of County Strategic Plan Goal 5: Children and Families' Well-Being.

### **FISCAL IMPACT/FINANCING**

The implementation of some elements of these recommendations may result in incremental costs to the County, while others may have start-up, implementation, and/or maintenance costs associated with them. The departments identified as responsible for implementing the recommendations will include analyses of unusual costs in the status reports they are being asked to submit to the Board.

To minimize costs, the ScoreCard Workgroups envisioned leveraging and maximizing resources through partnerships that would include the State, community-based organizations, First 5 LA, Children's Health Initiative Coalition, UniHealth Foundation, LA Earned Income Tax Credit Campaign Partnership and other key stakeholders who have expressed an interest in participating in the implementation of these recommendations. The Workgroups have also identified linkages with existing County efforts.

### **FACTS AND PROVISIONS/LEGAL PROVISIONS**

None

### **IMPACT ON CURRENT SERVICES**

Implementation of these recommendations will help to achieve the County's five outcomes for children and families, contribute to better integrated service delivery system, and create or strengthen the public/private sector and community collaborations that are essential to long-term success of the County's efforts to improve the well-being of children and families. The County departments and commissions that are named in these recommendations participated in the development of the recommendations through the workgroups and concur with the role they have been designated to play.

The Honorable Board of Supervisors  
January 20, 2004  
Page 7

Respectfully submitted,

Don Knabe, Chair  
Los Angeles County Children's Planning Council

cc: Chief Administrative Officer  
County Counsel  
Executive Officer, Board of Supervisors  
Auditor-Controller  
Chief Information Officer  
Director, Department of Children and Family Services  
Director, Department of Health Services  
Director, Department of Mental Health  
Director, Department of Public Social Services  
Chief Probation Officer  
Chair, Children's Planning Council Foundation, Inc.  
Commission for Children and Families  
First 5 L.A. Commission

## ATTACHMENT A

# RECOMMENDATIONS TO THE LOS ANGELES COUNTY BOARD OF SUPERVISORS

### **Increasing Health Access**

**Goal:** By July 2005, Los Angeles County will ensure that an additional 135,000 children and youth are enrolled into health coverage programs and that children and youth, who are enrolled in such programs, retain coverage for which they are eligible and are able to access quality, preventative care.

By enrolling an additional 135,000 children and youth into health coverage programs, including Healthy Families, Healthy Kids, Medi-Cal and others, and by retaining children who are eligible in these programs, the County can advance in its goal of promoting good health for the children of Los Angeles County. Because of potential impacts to both the Healthy Families Program and Medi-Cal resulting from the state budget deficit, it may be necessary to reassess this target enrollment figure in July 2004, when the implications of the State budget decisions will be more fully understood.

**Recommendation 1: Instruct the Directors of the Departments of Health Services and Public Social Services to participate in a requirements analysis to determine the technical feasibility, cost and policy implications, return on investment, and maintenance costs of implementing and maintaining One-E-App, as a universal enrollment and retention “system” and return to the board with findings and next steps.**

Evidence suggests that one of the barriers to providing health coverage to children and youth is the lack of a “seamless” system to screen, enroll, and retain children in health coverage programs for which they are eligible. One-E-App is a web-based system that links programs, streamlines eligibility screening, and improves enrollment and retention efforts. Similar systems have been implemented in Indiana and Arizona where the system has “reduced eligibility determination processing from 4-6 weeks to 2-4 hours,” and significantly increased the number of applications submitted. Based on these results, Alameda County adopted One-E-App as a means of improving health access in their county. Foreseen benefits include cost savings as a result of reduced paperwork and application processing and “increased health insurance revenue via growth in health plan eligibility<sup>1</sup>.”

A requirements analysis, involving County Departments, community-based partners and others, who have contact with children who may be eligible for health coverage pro-

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<sup>1</sup> Cask Solutions Inc. Report to the Alameda County Board of Supervisors. *One-E-App Cost-Benefit/ROI Project*.



grams, will help to determine the implications of tailoring One-E-App to suit the unique needs and characteristics of Los Angeles County and ensure that the system can have a wide ranging impact and improve health access for the County's children.

Funding for the requirements analysis in Los Angeles County has been secured through the Children's Health Initiative coalition from UniHealth Foundation. UniHealth Foundation is also committed to helping to secure funding for implementation.

**Recommendation 2: Instruct the Directors of the Departments of Health Services and Public Social Services to implement the following health care coverage, enrollment, and retention strategies to ensure universal coverage for children and youth:**

- 1. In collaboration with hospitals, beginning with DHS hospitals, ensure that staff use the Newborn Referral Form for all births to Medi-Cal mothers and that, during the hospital stay, all other babies are screened and enrolled in health coverage programs for which they are eligible**
- 2. Assist all County departments and their contractors to develop a plan to ensure that all children and youth using their services have health care coverage**
- 3. Increase the capacity of service providers to assist families with all eligibility redetermination reports**
- 4. Educate patients/clients/members and others on the importance of receiving regular preventative health care and ongoing treatment for chronic diseases, as a means of improving health and demonstrating the value of health coverage**

The County and its community and private partners should seek "strategic" opportunities to screen children for eligibility for health coverage, seek to retain children who are already covered, and educate families and caregivers about the importance of providing their children with health coverage and accessing preventative care. Because these opportunities arise at a variety of locations and under a variety of circumstances, it is crucial that staff at DHS and DPSS work with other county departments, hospitals, and community based partners to ensure that whenever a child is "touched by the system" we take the opportunity screen them for health coverage eligibility.

**Recommendation 3: Instruct the Chief Administrative Officer to pursue legislative and regulatory changes, at the state and federal level, required to improve health coverage for children and youth in Los Angeles County and instruct the Directors of the Departments of Health Services, Public Social Services, and Mental Health,**

through their active leadership and participation on the Children's Health Initiative coalition, to create and implement a "health access blueprint" for children and youth in Los Angeles County to:

1. Achieve long-term universal health coverage;
2. Ensure continuous health coverage so that the number of children and youth without health insurance at some point during a 12-month period declines by 25%; and
3. Improve access to quality health care services so that the number of uninsured children and youth with a regular source of care increases, from the current level of 70%, to 80%.

The County alone cannot ensure that universal coverage for the children of Los Angeles County. To ensure such a vision will require a long-term, coordinated effort by local partners as well as the ability to leverage state and federal resources on behalf of the children and families of Los Angeles County. The Children's Health Initiative coalition, lead by representatives from the Los Angeles County Department of Health Services, The California Endowment and LA Care, is comprised of dedicated, public health decision-makers including health care providers, private employers, public health officials, and educators who seek to ensure that all children and youth in Los Angeles County at or below 300% of federal poverty level have health care coverage. First 5 LA has already committed to investing in health coverage for children 0-5. As such, the coalition's efforts will concentrate on ensuring coverage for children 6-18.

By leveraging the ongoing work of the CHI coalition and enhancing their status as the link between the various stakeholders who are concerned about this issue, the County can continue to play a leadership role in shaping a long-term vision for health access for the children of Los Angeles County.

## **Increasing the Numbers of Children Living in Safe, Stable, Nurturing Families**

**Goal:** By July 2005, significantly increase the number of children and youth in safe, stable, nurturing families,<sup>2</sup> through support, prevention, safe reunification, and other permanency efforts that engage a broad spectrum of stakeholders in the community and public and private sectors.

Consistent with the State's Child Welfare Services (CWS) Redesign and the Program Improvement Plan (PIP), this goal and accompanying recommendations seek substantial progress in both action and impact to ensure children and youth are in safe, stable,

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<sup>2</sup> "Family" is defined broadly to not only include biological parents and/or relatives, but all who the child/youth defines as family.

nurturing families. Achievement of the recommendations will require collaboration across County Departments and with community partners. The leads will engage appropriate stakeholders in achieving the recommendations.

**Recommendation 4: Instruct the Director of Department of Children and Family Services, in partnership with the Commission for Children and Families, to develop and implement a prevention-oriented plan, with key stakeholders, to:**

**(1) More effectively achieve child/youth and family safety and well-being by connecting all children, youth and families to a continuum of prevention services and supports; and**

**(2) Decrease the disproportionate representation of children and youth of color in the child welfare system and improve their outcomes.**

**The development of the plan shall include the active participation of the Chief Administrative Officer, County Departments of Community and Senior Services, Health Services (including Alcohol and Drug Programs), Mental Health, Probation and Public Social Services; District Attorney's Office, Superior Court; Schools; California Department of Social Services; Los Angeles City Commission for Children, Youth & Their Families; Inter-Agency Council on Child Abuse and Neglect; First 5 LA; Children's Planning Council; Countywide Criminal Justice Coordinating Council, and other appropriate criminal justice professionals; Children's Law Center of Los Angeles and other advocacy groups; Los Angeles Homeless Services Authority; community members, including parents and other caregivers, foster youth and families; community-based providers; faith-based organizations and other key stakeholders.**

**The plan that outlines the process, infrastructure, resources and partnerships, to be completed in 120 days, with specific goals and performance measures, should build on the Compton Project where appropriate, and include strategies to:**

- 1. Increase the effectiveness of the system's efforts to promote the ability of families to act on their own behalf, including expanding the involvement of families and community organizations in decision-making regarding services and interventions to be provided;**
- 2. Achieve legislative and administrative policy changes at local, state and federal levels – e.g. a Title IV-E waiver – that encourage local flexibility and reinvestment across funding streams for an array of support, prevention, diversion and protection services that produce better outcomes for children, youth and families; and**
- 3. Integrate family-centered programs offered by multiple County departments and other community partners into a practical continuum of family-centered services.**

This recommendation focuses on the importance of prevention and eliminating bias and inequity in assuring that children/youth live in safe, stable, nurturing families. Collective responsibility and action can contribute to ensuring children/youth are in safe, stable, nurturing families. The broad spectrum of community organizations, community members and government agencies described in this recommendation should think and act strategically about leveraging their collective resources to (1) share responsibility for supporting and building the capacity of families and communities and (2) help identify biases and remove the institutional factors that interfere with fairness and equity.

More efforts and resources should be focused on prevention supports that allow the child to safely remain at home by deepening the family's capacity to provide a safe, stable, nurturing environment. When a report of child maltreatment is made, DCFS gathers information to determine if the facts warrant child welfare system involvement. Often, they do not. However, since 40% of these children again come to the attention of the child welfare system within a year, many feel the families can benefit from supports that strengthen families and thereby prevent child maltreatment. When they first touch the child welfare system, we miss an opportunity to connect families to preventive services and supports. This is particularly true for the children and youth of color who are disproportionately represented in the child welfare system. In Los Angeles County, Native Americans are 0.5% of the child welfare caseload – two times their representation in the under 18 population. While research indicates that the average African-American child is not at any greater risk for maltreatment, African Americans are 43.3% of the population in the foster care system - over four times as high as their representation of those under age 18.

Broad agreement on how to link currently fragmented services into a practical continuum would help county departments and their partner agencies leverage their resources to better meet the needs of children and families.

Examples of other important efforts focused on addressing these issues include the federal PIP and State CWS Redesign, First 5 LA's Partnerships For Families, SPA/AIC Councils' community capacity building work and the County's Service Integration Action Plan. The County can play a critical role in helping to coordinate and leverage this work, maximize the use of new and existing funds and advocate for essential regulatory and legislative changes.

**Recommendation 5: Instruct the Director of the Department of Children and Family Services to lead a collaborative effort of key stakeholders to significantly decrease the average time to safely reunify children with their birth families.**

**This effort shall be defined in an implementation plan, to be completed in 60 days, with specific goals and performance measures, and should include strategies for:**

- 1. Engaging community based organizations and residents in community capacity building efforts that contribute to timely reunification;**
- 2. Making changes in procedures and policies that inadvertently hinder safely reunifying children and youth in a shorter period of time;**
- 3. Establishing practice guidelines, which include a multi-disciplinary and team approach to decision-making within and across Departments, other public agencies, community partners, and relevant advisory groups; and**
- 4. Leveraging available resources to support family reunification.**

This recommendation brings increased attention to ensuring that families are reunited safely in a shorter period of time by collaborating with community, changing policies and practices, and maximizing the available resources of county departments (e.g. cash assistance, substance abuse treatment, health and mental health services). Safe and timely reunification can reduce the severity of the negative repercussions of separation and potentially help stabilize the child's/youth's life.

In the Program Improvement Plan (PIP), the national standard is that 76.2% of children are reunified within 12 months of entry into foster care. In California, 53.2% of children meet this goal. In Los Angeles, the average time to reunify children is 24 months. One of the initial responsibilities of the group of stakeholders will be to develop appropriate target goals and measures of safe reunification.

This recommendation directs the stakeholder group to examine and build on the efforts of Integrated Family Service System (IFSS) since this process has already benefited from the knowledge and experience of some of the identified stakeholder groups. The County can play a critical role in ensuring meaningful incorporation of the perspective of stakeholders not already actively participating in IFSS, continuing conversations about policy and practice changes and optimal use of existing resources.

**Recommendation 6: Instruct the Director of the Department of Children and Family Services and the Chief Probation Officer to lead a collaborative effort with other key stakeholders to decrease the amount of time for a child to be legally adopted, and increase significantly the percentage of foster youth age 14 and older who leave the system with legal permanence, and also with strong and enduring ties to one or more nurturing adults.**

**This effort shall be defined in an implementation plan, to be completed in 60 days, with specific goals and performance measures, and should include strategies to improve systems and implement policies to achieve this recommendation.**

This recommendation focuses on ensuring all efforts are made so no youth emancipates from the system without a permanent family that offers a social, emotional and

legal connection. Permanency should not only be a legal relationship, but also a relationship with one or more caring adults who provide emotional stability, continuity, necessary social connections, and commitment to the child/youth. This notion of permanency should incorporate the viewpoints of youth. Without a supportive family, many emancipated youth are at increased risk of homelessness, unemployment, poor health, among other undesirable outcomes.

Due to the misconception that youth cannot find permanent families, case workers often do not pursue permanency as vigorously for children age 14 and older. There are approximately 8,000 youth between the ages of 14 and 18 – 3,500 of whom currently live with a relative. Permanency options have not been broached for many of these youth. Special attention should be paid to the unique challenges of serving sexual minority youth.

This recommendation is informed by and builds on the work of existing efforts – Emancipation Partnership and Permanency Committee of the Commission for Children and Families – and legislation, including AB 408. The County can play a critical role in improving systems and implementing policies to achieve this recommendation.

## **Increasing the Numbers of Families Filing and Receiving the Federal Earned Income Tax Credit**

**Goal:** By 2005, increase the number of families with children that receive the Earned Income Tax Credit by 20,000 in Los Angeles County.

In Los Angeles County, the IRS estimates that approximately 75,000 families with children who were eligible for the EITC did not claim the credit in 2002. Based on the success of EITC efforts across the country, we believe that an aggressive outreach campaign can result in an additional 20,000 families claiming the EITC. This number represents over 26% more families who are eligible, but are not currently claiming the credit, similar to other successful cities such as San Antonio and Chicago – both of which have increased the number of eligible families claiming the EITC by 18-25%.

Research indicates that the County and its residents would greatly benefit if a higher percentage of low-income, working, eligible families claimed the EITC. For example, national data suggests that increasing the number of families with children receiving the EITC by 20,000 could result in an average EITC return ranging from \$1,425 to \$2,000, or a cumulative increase of approximately \$28.5-\$40 million in additional income for working, low-income families in Los Angeles County and the local economy.

**Recommendation 7:** Instruct the participants in the June 2004 CalWORKs Funding Recommendations Stakeholders Process to consider funding for EITC outreach and marketing, Volunteer Income Tax Assistance (VITA) sites, staff support

**for the LA EITC Campaign Partnership, and/or other activities to increase utilization of the federal Earned Income Tax Credit.**

CalWORKs performance incentives can legally be used for EITC promotion activities, and increased utilization of the EITC would greatly benefit employed CalWORKs families and other low-income families with children. All of the members of the Stakeholder Process concur in this recommendation to include EITC promotion among the programs/services to be considered by the stakeholders when they reconvene in June 2004.

**Recommendation 8: Support and actively participate in the LA EITC Campaign Partnership by:**

- (1) Instructing the Directors of the Department of Public Social Services and the Department of Community and Senior Services to represent the County on the Campaign Partnership; and**
- (2) Requesting the Children's Planning Council to provide staff support to the Campaign Partnership, subject to available funding, and to engage the cooperation of the SPA/AIC Councils in achieving the goal.**

The Campaign Partnership, a largely volunteer effort coordinated by United Way of Greater Los Angeles, consists of more than 80 County, City, and community-based organizations. Their activities include tax preparation assistance through Volunteer Income Tax Assistance (VITA) sites, EITC marketing and asset-promotion, community outreach and training activities, and establishment of Individual Development Accounts. Strong leadership from the Departments of Public Social Services and Community and Senior Services, currently active participants on the Campaign Partnership, is critical to the success of this effort since they serve families who would benefit significantly from and are eligible for the EITC. For example, DPSS currently serves an estimated 280,000 EITC eligible families.

Staff support for the Campaign Partnership will: (a) Promote an increase in EITC returns; (b) Build on existing infrastructure and community efforts; (c) Outreach to a broad array of community, SPA/AIC Councils, private sector, government and CBO leaders; (d) Ensure that the campaign is culturally and linguistically appropriate; (e) Include a public evaluation process, and (f) Oversee a multi-media publicity campaign.

Additionally, engaging the SPA/AIC Councils in outreach activities through their networks will help increase awareness of the EITC to eligible families and provide them with referrals to VITA sites in their community that can provide them with individually tailored information regarding their eligibility.

**Recommendation 9: Instruct the Director of the Department of Public Social Services (DPSS) to integrate promotion of the federal Earned Income Tax Credit into the full range of the County's Food Stamps and Medi-Cal outreach and retention activities.**

DPSS estimates that approximately 280,000 families receiving food stamps or Medi-Cal are eligible for the EITC, representing approximately 40% of all families with children eligible for the EITC in Los Angeles County. Accordingly, EITC outreach to this population can have a significant impact on the overall EITC utilization rate in the County, and will complement the County's commitment to providing work supports, such as Medi-Cal and food stamps, to low-income working families.

The income support provided by the EITC offers low-income working families with an important incentive for assisting them in their permanent transition from welfare to work. Moreover, the economic security provided by the EITC can make it possible for families to save for the future and to build the economic assets necessary for their long-term economic self-sufficiency.



**ATTACHMENT B**  
**Recommendations to Improve Children's Lives**  
**January 2004**

**Criteria**

- Be within Board's influence & authority
- Be within mission/scope of entity designated to lead implementation
- Be concrete and measurable
- Be short-term; achievable in 18 months
- Leverage work already underway

## **ATTACHMENT C**

### **Health Access Workgroup Participants (Invited)**

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**Lorraine Barber (Co-Chair), Service Planning Area 8 Council**  
**Dr. Elisa Nicholas (Co-Chair), The Children's Clinic**  
**Dr. Thomas Garthwaite (Co-Chair), Department of Health Services**

Wilma Allen, City of Pasadena Department of Public Health  
Mila Arroyo, East Valley Community Health Center, Service Planning Area 3 Council  
Carol Berkowitz, UCLA – Department of Pediatrics

**Carla Bykowski, Healthy Start**

**Kathy Bray, Healthy Start**

Michael Cousineau, USC – School of Policy, Planning and Development

John DiCecco, Los Angeles Unified School District

**Margaret Dunkle, Children's Planning Council**

Eddie Farias, City of Los Angeles Commission for Children, Youth and Their Families

**Lark Galloway-Gilliam, Community Health Councils**

Annelle Grajeda, SEIU Local 660

**Javier Hernandez, Los Angeles County Office Education**

**Irene Ibarra, The California Endowment**

**Mandy Johnson, Community Clinic Association**

**Howard Kahn, LA Care**

**Neal Kaufman, First 5 LA**

**Lynn Kersey, Maternal & Child Health Access**

Celia Valdez, Maternal & Child Health Access

**Shana Alex Lavarreda, UCLA – Center for Health Policy Research**

Wendy Lazarus, The Children's Partnership

**Theresa Marino, Long Beach Department of Health and Human Services**

Ann McCrary, Head Start

**Susanna Molnar, National Health Foundation**

**Kiran Saluja, Women Infants and Children Program**

**Judy Gomez, Women Infants and Children Program**

**Wendy Schiffer, Department of Health Services**

Marv Southard, Department of Mental Health

**Sheryl Spillar, Department of Public Social Services – Health and Nutrition Programs**

Jennifer Webb, First 5 LA

**Cheryl Wold, Department of Health Services – Health Assessment**

**Lucien Wulsin, Insure the Uninsured Project**

Megan Hickey, Insure the Uninsured Project

**Bryce Yokomizo, Department of Public Social Services**

#### Invited Deputies

Martha Molina Aviles – First Supervisorial District

Miriam Simmons – Second Supervisorial District

Wendy Aron – Third Supervisorial District

**ATTACHMENT C**  
**Health Access Workgroup Participants (Invited)**

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Carol Kim – Third Supervisorial District  
Ron Hanson – Third Supervisorial District  
Linda Tarnoff – Fourth Supervisorial District  
Raine Ritchey – Fifth Supervisorial District

Bryce C. Lowery, Los Angeles County Children's Planning Council  
Becki Nadybal, Los Angeles County Children's Planning Council  
Toni Saenz Yaffe, Project Consultant

\*Names in bold indicate actual participation

## **ATTACHMENT C**

### **Safe, Stable, Nurturing Homes Workgroup Participants (Invited)**

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**Dr. Jacquelyn McCroskey (Co-Chair) – USC School of Social Work**

**Dr. David Sanders (Co-Chair) – DCFS**

**Marlene Singer (Co-Chair) – SPA 5 Council**

**Bonnie Armstrong – Foundation Consortium**

**Karen Bass – Community Coalition**

**Carol Biondi – Commission for Children and Families**

**Berisha Black – DCFS**

**Dana Blackwell – Commission for Children and Families**

**Pam Booth – District Attorney’s Office**

**Andrew Bridge – The Broad Foundation**

**Sharyn Buck – LAUSD**

**Marlene Canter – LAUSD Board of Education**

**Angela Carter – DCFS**

**Priscilla Charles Carter – CPC**

**Sam Chan – DMH**

**Trish Curry – Commission for Children and Families**

**Alisa Drakodaidis – CAO/SIB**

**Barbara DuBransky – First 5 LA**

**Margaret Dunkle – George Washington University Fellow**

**Donna Edmiston – LA City Attorney’s Office**

**Todd Franke – UCLA, Department of Social Welfare**

**Gail Gronert – Office of Speaker Herb Wesson**

**Randall Henderson – L.A. County Juvenile Courts**

**Corrine Hicks – American Indian Children’s Council**

**Natalie Profant Komuro – LA Homeless Services Authority**

**Delia Johnson – Community College Foundation**

**Miriam Krinsky – Children’s Law Center of Los Angeles**

**Linda Lewis – Western Child Welfare Law Center**

**Sacha Klein Martin – ACHSA**

**Irene Martinez – DHS/Alcohol and Drug Program Administration**

**Dave Mitchell – Probation Department**

**Colleen Mooney – SPA 8 Council**

**Michael Nash – LA County Juvenile Court**

**Mitchell Netburn – LA Homeless Services Authority**

**Terry Ogawa – LA City Commission for Children, Youth and Their Families**

**Dick Pancost – Service Planning Area 5 Council**

**Eileen Mayers Pasztor – CSULB Department of Social Work**

**Sylvia Pizzini – CA Department of Social Services**

**Danny Ramos – SPA 3 Council**

**Richelle Rios – LA City Commission for Children, Youth and Their Families**

**Carol Ritchie – Probation Department**

**Rita Saenz – CA Department of Social Services**

## **ATTACHMENT C**

### **Safe, Stable, Nurturing Homes Workgroup Participants (Invited)**

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**Liz Seipel – SPA 2 Council**

**Edie Shulman – ICAN**

**Maureen Siegel – City Attorney’s Office**

**Tish Sleeper – ICAN**

Barbara Solomon – USC School of Social Work

**Nina Sorkin – Commission for Children and Families**

**Deanne Tilton – ICAN**

**Gabriela Tovar – First 5 LA**

Pat Vining – SPA 6 Council

**Sharon Watson – CAO**

**Harriette Williams – Commission for Children and Families**

#### Invited Deputies

Martha Molina Aviles – First Supervisorial District

Miriam Simmons – Second Supervisorial District

Wendy Aron – Third Supervisorial District

**Linda Tarnoff – Fourth Supervisorial District**

**Raine Ritchey – Fifth Supervisorial District**

Susan Kim, Los Angeles County Children’s Planning Council

John G. Ott, Project Consultant

Toni Saenz Yaffe, Project Consultant

\*Names in bold indicate actual participation

## **ATTACHMENT C**

### **Earned Income Tax Credit Workgroup Participants (Invited)**

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**Bea Stozer (Co-Chair), New Economics for Women**

**Phil Ansell (Co-Chair), L.A. County Department of Public Social Services**

Colleen Mooney (Co-Chair), South Bay Center for Counseling, SPA 8

**Nancy Au - WRAP Family Services**

**Nancy Berlin - Coalition to End Hunger & Homelessness**

**Ernie Castellanos - L.A. County Department of Public Social Services**

Donnicus Cook – Broad Spectrum

**Carlene Davis - City of Los Angeles Commission for Children, Youth and Their Families**

Alisa Drakodaidis – Chief Administrative Office

**Shonda Finley - Internal Revenue Service**

Lizanne Fleming – First 5 LA

Monica Garcia – LAUSD Board to Jose Huizar

Carlos Jackson - CDD

**Maria Elena Jauregui - Internal Revenue Service**

**Susan Kaplan - Friends of the Family**

Maribel Marin - InfoLine

**Laura Mejia – InfoLine**

**Paula Minor - Community Development Department**

Louisa Ollage – First Supervisorial District

**Alex Paxton - Councilmember Eric Garcetti**

**Victor Ramirez - United Way of Greater Los Angeles**

Rick Sander - UCLA

**Burham Smith - Department of Public Social Services**

**Gloria Stevenson-Clark - City of Los Angeles, Community Development Department**

Joshua Stehlik – Neighborhood Legal Services of L.A. County

**Allison Towle - United Way of Greater Los Angeles**

**John Wanchek - Center on Budget Policies & Priorities**

#### Invited Deputies

Martha Molina – First Supervisorial District

Miriam Simmons – Second Supervisorial District

Wendy Aron – Third Supervisorial District

Carol Kim – Third Supervisorial District

Ron Hanson – Third Supervisorial District

Linda Tarnoff – Fourth Supervisorial District

Raine Ritchey – Fifth Supervisorial District

John G. Ott, Project Consultant

Laura Valles, Los Angeles County Children's Planning Council

\*Names in bold indicate actual participation

***California Report Card & L.A. Children's ScoreCard:***

# **Data Analysis**

Prepared by Los Angeles County  
Children's Planning Council  
January 2003



Los Angeles County  
Children's Planning Council  
*Improving Children's Lives*

### Children Now Report Overview

- Children Now produces an annual report that consists of two separate pieces: the California Report Card, and a databook, which contains more in-depth analysis.
- The report uses indicators categorized under four outcomes: Education, Health, Family Economics, and Safety. These outcomes are consistent with four of the CPC outcomes. A fifth, Social and Emotional Well-Being, is spread across the other four outcome areas in the Children Now report.
- The time frame for the data in the report is 1998-2000, although there are some exceptions.
- Data are analyzed mainly for the state, but the report includes some tables of county data as well. Data are also analyzed by ethnic group.
- Three-year averages of the data are used for rankings by state and county. Where state data are not available, national averages are used for comparisons.

### Methodology of the Analysis

- Indicators were "reshuffled" to correspond to CPC outcome areas. Example: Child care indicators, classified under Education in the Children Now report, were moved to Emotional and Social Well-Being.
- Los Angeles County data were collected for 2000 (Scorecard only through 1999) to correspond to Children Now time frame.
- Indicators similar in both reports were "equalized" to ensure congruency. Example: Children Now uses an age range of 15-19 for teen births. SC data on teen births is based on ages 10-17. To keep the data consistent and enable comparisons, L.A. County teen birth data were switched to mothers 15-19.
- Only data and findings specific to L.A. County and the Board Motion were extracted from the reports (over 150 pages of information).

### Children Now Findings

- California is trailing the nation across wide-ranging measures of education, health and economic security.
- California does not meet families' need for affordable quality child care and preschool and has largely ignored the importance of development in their early years.
- The unavailability of work that pays a livable wage is where income difficulties for California families usually begin, not with a lack of effort or sacrifice by working parents.
- Stark racial disparities exist across educational, health and other outcomes.
- Few data exist about child care quality, young children's social and emotional well-being, or children's exposure to domestic violence.

### Children Now Recommendations

- Young children's well-being must be a public priority. Every year of a young child's life is critical; children cannot wait to have necessary health care, quality child care, family economic stability and safety.
- Policy and program decisions must address the significant disparities in outcomes for children of different ethnic backgrounds. California's services and policies must take into account our multi-cultural child population and address the gaps in opportunities that now exist.
- California should collect and analyze more information about young children's well-being.

### Notes

- Findings in the Children Now report parallel and support findings in the Children's ScoreCard.
- Children Now report reemphasizes the importance of both point-in-time data, as well as trend data.



### Children Now Indicators Similar to L.A. County Children's ScoreCard

Low Birthweight Infants*			
	1998	1999	2000
L.A. County	6.5%	6.6%	6.4%
California	6.2%	6.1%	6.2%
United States	7.6%	7.6%	7.6%

\* Percent of live births with infants weighing less than 2,500 grams.

Infant Mortality Rate*			
	1998	1999	2000
L.A. County	5.9	5.4	4.9
California	5.7	5.4	5.4
United States	7.2	7.0	6.9

\* Rate of infant deaths per 1,000 live births.

Adequate Prenatal Care*			
	1998	1999	2000
L.A. County	83.6%	85.0%	86.0%
California	81.1%	82.2%	83.1%
United States	82.8%	83.2%	83.2%

\* Percent of live births where mother began prenatal care in the first trimester of pregnancy.

Childhood Immunizations*			
	1998	1999	2000
L.A. County	76.0%	76.0%	76.5%
California	75.9%	75.3%	75.3%
United States	79.2%	78.4%	76.2%

\* Percent of children 19-35 months who have received the 4:3:1:3 vaccination series.

### Findings for Los Angeles County

- Indicators of infant health have shown steady improvement, most notably infant mortality rates and early prenatal care. L.A. County is doing better than California in both categories.
- L.A. County has a higher rate of uninsured children compared to California.
- About 1 in 4 children in L.A. County have not completed the full recommended vaccination series by age 3.

### Children Now Findings

- One in seven children lacked health insurance coverage, with 1.3 million California children uninsured at some point during 2001. Ethnic and income disparities are substantial when looking at coverage rates.
- Infant health has continued to improve, with California ranked among the top ten states in percentage of low weight births and infant mortality rates. Within the State, however, wide disparities exist among ethnic groups.
- California is ranked 34th of 51 states nationwide in the percentage of children who received immunizations based on the 4:3:1:3 series recommended by the Centers for Disease Control and Prevention.

### Children Now Recommendations

- Simplify children's enrollment into the State's health insurance programs, Medi-Cal and Healthy Families. Strategies include Express Lane Eligibility (through the School Lunch and Food Stamps Programs), verifying family income through State databases, and eliminating detailed paperwork on assets.
- Ensure continuous health insurance coverage for children by simplifying renewal forms, utilizing State databases for income verification, and coordinating transition between Medi-Cal and Healthy Families.
- Strengthen health care options for children ineligible for Medi-Cal and Healthy Families.

### Current CPC & SPA/AIC Councils' Strategies

- Ensure that DHS reaches out to communities most impacted by cuts (through SPA/AIC councils) to help find alternative community resources so no child goes without immunizations. (ScoreCard Recommendation #2)
- Increase enrollment in, utilization of, and access to health coverage. (SPA Workplans: 3,4,5,6,7)
- Increase use of prenatal care (SPA Workplans: 6).
- Increase percentage of children adequately immunized by age 2. (SPA Workplans: 8)

### Children Now Indicators Similar to L.A. County Children's ScoreCard

Child Abuse Referrals			
	1998	1999	2000
L.A. County	146,583	151,108	147,352
California	488,308	516,436	521,800
United States	na	na	na

Child Abuse Referral Rate*			
	1998	1999	2000
L.A. County	44.0	45.0	43.0
California	57.5	58.3	54.3
United States	42.4	na	na

\* Per 1,000 children ages 0-17.

Juvenile Misdemeanor Arrests*			
	1998	1999	2000
L.A. County	28,769	27,982	25,976
California	154,048	146,883	139,669
United States	na	na	na

\* Children ages 10-17.

Juvenile Felony Arrests*			
	1998	1999	2000
L.A. County	20,390	17,842	16,121
California	76,104	68,503	63,889
United States	na	na	na

\* Children ages 10-17.

### Findings for Los Angeles County

- Los Angeles County had the 12th lowest child abuse referral rate of 58 counties in California. Rates for the County are significantly lower than those for the State.
- About 1 of every 4 juvenile felony arrests, and 1 of every 5 misdemeanor arrests in the state occurs in L.A. County.
- Misdemeanor and felony juvenile arrest rates in Los Angeles County are lower than California's rates as a whole.

### Children Now Findings

- California ranked 28th (of 51 states) in the rate of children reported to have incurred abuse (sexual, physical, or emotional) or neglect. Rates declined 6% between 1999-2001.
- The leading cause of accidental deaths for California children ages 1-4 was drowning.
- California had one of the lowest motor vehicle-related fatality rates in the nation for children under 18. The rate declined significantly between 1998-2000, from 5.1 to 4.3 (per 100,000).
- Gun-related fatality rates among children in California are among the lowest in the nation.
- Although California rates of incarcerated youth (ages 10-17) have declined, the state has one of the highest rates in the nation and ranks 48th.

### Children Now Recommendations

- Prevent child abuse and neglect. Strategies include directing resources to early prevention services and shoring up Child Protective Services' capacity to respond to reports of abuse.
- Provide services to children who experience domestic violence.

### Current CPC & SPA/AIC Councils' Strategies

- Gain countywide commitment to 12-point plan to ensure that no babies are ever abandoned in LA County. (ScoreCard Recommendation #5)
- Reduce juvenile arrest and school crime rates. (SPA Workplans: 1,7)
- Increase number of substance abuse programs that assist victims and perpetrators of domestic violence. (SPA Workplans: 2)
- Increase number of, and participation in, self-help and other support groups for parents who abuse and neglect their children. (SPA Workplans: 5)
- Build collaboratives to secure Community Service Officers and Neighborhood Substations, and encourage development of diversified models of alternative activities for youth. (SPA Workplans: 6)
- Ensure that the physical, emotional, and cultural needs of AI/AN children in the welfare system are met. (AICC Workplan)

# ECONOMIC WELL-BEING

## Children Now Indicators Similar to L.A. County Children's ScoreCard

Children in Poverty*			
	1998	1999	2000
L.A. County	32.9%	24.6%	na
California	23.6%	19.5%	na
United States	18.9%	16.6%	na

\* Percent of children ages 0-17 who are living below 100% of the Federal Poverty Threshold.

Low Income Children*			
	1998	1999	2000
L.A. County	62.6%	51.1%	na
California	47.0%	42.7%	na
United States	40.7%	37.8%	na

\* Percent of children ages 0-17 who are living below 200% of the Federal Poverty Threshold.

Children in School Lunch Program*			
	1998	1999	2000
L.A. County	61.0%	61.3%	60.5%
California	47.6%	47.3%	46.8%
United States	na	na	na

\* Percent of enrolled school students who are receiving free or reduced price lunches.

## Findings for Los Angeles County

- Los Angeles County has one of the highest child poverty rates in California. In 1998, 49 of the 58 counties had lower rates than L.A. In 2000, 1 of every 4 children in the County lived in poverty.
- According to the 2000 Census, more than one-half of the children in Los Angeles County live in low income families.
- The proportion of children enrolled in the Federal School Lunch Program has remained constant between 1998 and 2000, with 3 of every 5 school-children in the County receiving free or reduced price lunches.
- The number and percentage of L.A. County tax filers claiming the Earned Income Tax Credit has continued to decline each year, from 774,521 (22%) in 1997 to 754,629 (20%) in 2000.

## Children Now Findings

- California ranks in the bottom fifth of all states according to its proportion of low income families. The disparity among ethnic groups is high, even though there are similar work ethics among them.
- California had the eighth highest child poverty rate nationwide in 2000; within California, Los Angeles County had one of the highest rates.
- In nearly one-third of California counties, fair market rent for a two-bedroom apartment exceeds the recommended 30% of a family's income. Los Angeles County is included in this group.
- One in four children in California lives in a household that experiences food insecurity.
- Between 1999 and 2001, an average of just 70% of eligible California students were served meals through the School Lunch Program, compared with 86% nationwide.

## Children Now Recommendations

- Create a state Earned Income Credit for low income working families.
- Increase the number of affordable housing units in each community.
- Require low-performing schools to offer school breakfasts and increase the number of Summer Food Program Sites.
- Help parents pay for quality child care.

## Current CPC & SPA/AIC Councils' Strategies

- Conduct a countywide campaign to encourage every eligible family to file for the Earned Income Tax Credit. (ScoreCard Recommendation #1)
- Support the emergence of a jobs program collaborative to provide jobs for teen parents and parents of young children. (SPA Workplans: 8)
- Develop an information and outreach strategy to increase enrollments in the Earned Income Tax Credit. (SPA Workplans: 8)

# SOCIAL & EMOTIONAL WELL-BEING

## Children Now Indicators Similar to L.A. County Children's ScoreCard

Foster Care Rate*			
	1998	1999	2000
L.A. County	17.1	16.7	14.3
California	12.7	12.2	11.0
United States	7.5	7.7	7.3

\* Per 1,000 children ages 0-17 (0-18 nationally).

Teen Birth Rate*			
	1998	1999	2000
L.A. County	60.4	56.5	50.2
California	56.5	52.3	47.0
United States	51.1	49.6	48.7

\* Rate of births to mothers ages 15-19 per 1,000 females of the same age.

Mothers' Educational Attainment*			
	1998	1999	2000
L.A. County	38.0%	37.0%	36.0%
California	31.0%	30.4%	29.8%
United States	21.9%	21.7%	21.7%

\* Percent of mothers who have given birth in the last year with less than 12 years of education.

## Findings for Los Angeles County

- Los Angeles County ranks among the top one-third of California counties with the lowest proportion of teen births. Teen birth rates are among the highest in the state however.
- Education levels for Los Angeles County parents who had babies in 2000 are among the worst in the state. More than one-third of mothers had less than a 12th grade education, and one-third of fathers also had less than a 12th grade education.
- Within California, Los Angeles County has some of the highest rates of children in foster care. L.A. is ranked next to last in the rate of children ages 0-5 in foster care, and only two counties have higher foster care rates than L.A. for children ages 0-17.

## Children Now Findings

- In 2001, over 1 million California children under age six lived in families needing child care. Only 623,100 licensed space were available however.
- In California, slightly more than half of all three and four year olds are enrolled in preschool, compared to almost two-thirds nationwide. Ethnic and income disparities are substantial.
- Education levels for Californian mothers are worse than the national average.
- The rate of California children in foster care declined between 1998 and 2000. One-third of foster children are in special education programs.
- California has a higher than average teen birth rate, and ranks 32nd out of 51 states.

## Children Now Recommendations

- Improve foster care by reducing caseworker loads, increasing reimbursement rates for foster families, and limiting frequent transfers of children.
- Improve access to high quality child care by addressing the shortage of spaces, and by increasing the number of preschool and after school programs.
- Improve child care quality by investing in staff retention and professional development.
- Create paid parental leave so parents can spend the critical early months with their new children.

## Current CPC & SPA/AIC Councils' Strategies

- Ensure that all emancipated youth are registered to vote before they leave the system. Identify partners to expand this effort to all youth. (SC #3)
- Increase access to, and availability of affordable, quality child care. (SPA Workplans: 3,4,8)
- Organize collaboratives among mentoring and out-of-school programs, and programs targeting high-risk youth. (SPA Workplans: 5)
- Assist families who have or are in danger of losing their children by organizing support groups and resource information. (SPA Workplans: 6)
- Ensure the physical, emotional, and cultural needs of AI/AN children in the welfare system are met. (AICC Workplan)

# EDUCATION & WORKFORCE READINESS

## Children Now Indicators Similar to L.A. County Children's ScoreCard

Teacher Credentials*			
	1998	1999	2000
L.A. County	77.0%	75.0%	74.7%
California	87.5%	86.1%	85.9%

\* Percent of public school teachers who are fully credentialed.

Third Grade Reading Scores*			
	1998	1999	2000
L.A. County	29.0%	31.0%	34.0%
California	38.0%	41.0%	44.0%

\* Percent of public school 3rd graders who are reading at or above the national average.

Third Grade Math Scores*			
	1998	1999	2000
L.A. County	35.0%	41.0%	49.0%
California	40.0%	48.0%	56.0%

\* Percent of public school 3rd graders who are doing math at or above the national average.

College Prepared Graduates*			
	1998	1999	2000
L.A. County	38.0%	38.0%	36.1%
California	36.6%	36.0%	34.8%

\* Percent of public high school graduates who have taken and passed the courses required for UC/CSU admission.

Students Fluent in English*			
	1998	1999	2000
L.A. County	65.0%	65.0%	65.9%
California	75.3%	75.1%	75.0%
United States	na	92.0%	na

\* Percent of public school students fluent in English.

## Findings for Los Angeles County

- Los Angeles County is among the California counties with the lowest proportions of students performing at or above the national averages in reading and math.
- Almost two of every five public high school graduates in the County have met the requirements for admission into UC/CSU schools. L.A. ranks 12th in the state.
- The one-year dropout rate in Los Angeles County is one of the highest at 3.8% for the 2000-01 school year. Just five counties had higher rates.
- Over one-third of public school students in L.A. County are English Learners, compared to one-fourth of students statewide.

## Children Now Findings

- California increased its per pupil spending by 39% between 1996 and 2001, which improved its ranking from the bottom third of the nation to the middle third.
- Standardized test scores differed substantially by income and ethnic groups. Statewide, scores improved slightly for all students.
- California is ranked near the bottom of all states in science proficiency scores for 4th and 8th grade students, and is among the states with lower scores in math proficiency.
- The percentage of California high school students completing the coursework necessary to enter the UC/CSU systems has remained nearly constant since 1996, with just over one-third of graduates prepared for college.
- California has the highest student/counselor ratio in the nation at 945:1, and the second highest student/teacher ratio at 21:1.

## Children Now Recommendations

- Encourage parent participation in their children's education. Child care centers and schools should involve all parents, and make a special effort to reach out to parents whose cultural background or educational experience present barriers to active participation.

## Current CPC & SPA/AIC Councils' Strategies

- Develop set of school readiness indicators. (ScoreCard Recommendation #4)
- Increase participation in after-school programs. (SPA Workplans: 1)
- Increase the number of children entering kindergarten who have been assessed for developmental milestones. (SPA Workplans: 2)
- Increase access to family literacy resources and services, school attendance rates, and the number of children who are reading at grade level. (SPA Workplans: 4)
- Increase parent and community involvement and advocacy in schools. (SPA Workplans: 4,6,8)
- Organize SPA-wide conferences on school readiness. (SPA Workplans: 6,7,8)

# ATTACHMENT E





Los Angeles County  
Children's Planning Council  
*Improving Children's Lives*

## **"HEALTH ACCESS FOR ALL CHILDREN"** **BRIEFING PAPER**

**OCTOBER 7, 2003**

### **Introduction**

The Children's Planning Council believes that "good health"<sup>1</sup> is an essential part of a child's overall well-being. Indeed, children need access to routine well-child care, including access to medical, dental, and mental health care in order to excel academically, socially, emotionally, and physically.

Although the link between children's overall well-being and good health is well documented, there are still barriers to achieving good health that prevent some children in Los Angeles County from attaining important indicators of overall well-being. In the area of good health, one key indicator of concern to the Children's Planning Council is having access to health insurance – or having health coverage.

According to the 2002 California Report Card: Children's Critical Early Years, produced by Children Now, one in seven children in California lacked health insurance coverage, with 1.3 million children uninsured, at some point during 2001. In addition, the findings demonstrated that Los Angeles County has a higher rate of uninsured children compared to California.

The most recent Los Angeles County Children's ScoreCard, which tracked indicators of child well-being between 1995 and 1999, indicated that one in five children in Los Angeles County did not have health insurance.<sup>2</sup> In addition, the Scorecard noted disparities in coverage among children across SPAs. Additional disparities existed for children living with families whose income is below 300% of the Federal Poverty Level and those of certain ethnic and racial subpopulations.

### **Overview of the Current System**

Currently, health coverage is provided by a combination of public and private programs, creating what is commonly referred to as a "patchwork" system of coverage. While individually purchased health insurance provides an opportunity for families to cover children, the cost associated with these programs is generally a barrier to families enrolling their children. As a result, employer-based health coverage and health coverage programs have become essential to ensuring that all children have access to health care.

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<sup>1</sup> Good Health is one of five key outcomes of child well-being adopted by the LA County Board of Supervisors

<sup>2</sup> Los Angeles County Children's Scorecard, Children's Planning Council, 2002.

### **Employer-Based Coverage**

Over two-thirds of California adults obtain health insurance through their own or a family member's employer.<sup>3</sup> This coverage can take many forms and provide varying levels of coverage with some of the cost transferred to the employee in the form of a monthly premium and/or co-payments. However, it must also be noted that the existence of employer-based coverage does not guarantee that such coverage provides for the partner and/or dependents of the working individual.

The availability of employer-based coverage for individuals is dependent upon a variety of factors including age, race/ethnicity, educational attainment, income, citizenship status, and employment characteristics. According to data from the California Health Interview Survey (CHIS), Latinos tend to work disproportionately in occupations where employer-based coverage is not provided. While it is difficult to ascertain the impact that the lack of employer-based coverage has on children, it can be surmised that without this type of coverage, parents must obtain coverage for their children through other methods, most commonly health coverage programs sponsored by public and private agencies.

### **Health Coverage Programs**

Several programs exist to provide coverage to uninsured children. These include:

Aid to Infants and Mothers (AIM)	Child Health and Disability Prevention (CHDP)
Healthy Families (HF)	CaliforniaKids (CK)
Medi-Cal	California Children's Services (CCS)
First 5 LA's Healthy Kids (HK)	Public Private Partnership (PPP)
Kaiser Permanente Cares for Kids	

Coverage provided by some of these programs is based on eligibility factors that include income, residency and age requirements (see TABLE 1). In addition, programs such as CHDP, CCS and PPP cover specific types of medical care and may be contingent upon other eligibility factors. Even though these programs exist, there are still a large number of children who lack any form of health coverage. Uninsured children may be ineligible for health coverage programs (due to eligibility requirements), their families or caretakers may be unaware that these programs exist or they may be part of the group of children who continually enter and exit the system due to the requirements of maintaining coverage.

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<sup>3</sup> ER Brown, N, Ponce, T Rice, SA Lavarreda. *The State of health insurance in California: Findings from the 2001 California health Interview Survey*. Los Angeles, CA: UCLA Center for Health Policy Research, 2002.



**TABLE 1: Current Framework of Eligibility**

INCOME	PROGRAM			
> 300% FPL				
251 - 300% FPL	AIM/HK	HK		
201 - 250 % FPL	AIM/HF/HK	HF/HK	HF	
134 - 200 % FPL	Medi-Cal/HK	HF/HK	HF	
101 - 133% FPL	Medi-Cal/HK	Medi-Cal/HK	HF	
Up to 100% FPL	Medi-Cal/HK	Medi-Cal/HK	Medi-Cal	
<b>AGE:</b>	0-1	1-5	6-18	0-18 Ineligible Children

**How are we doing?**

Recent data from the 2002-03 Los Angeles County Health Survey (LACHS)<sup>4</sup> provide encouraging evidence about the progress made to extend coverage to many uninsured children. The percentage of uninsured children has dropped to 10%, translating to approximately 276,000 uninsured children ages 0-17 in LA County. However, these data also reveal persisting disparities in coverage, by race/ethnicity, income, and immigration characteristics. TABLE 2 provides percentages and estimated numbers of uninsured children (ages 0-17) for the major racial/ethnic groups in LA County. According to these data, the percentages of uninsured Latino and Asian/Pacific Islander children are three to four times higher those for white (non-Hispanic) and African-American children. In addition, as shown in TABLE 3, over 90% of uninsured children are from families with incomes below 200% of the Federal Poverty Level (FPL).

**TABLE 2 : Percent of Uninsured Children (0-17 yrs old) by Race/Ethnicity in Los Angeles County, 2002-03.**

	Number Uninsured	Percentage Uninsured
<b>All</b>	276,000	10.3
<b>African-American</b>	8,000	3.1*
<b>White</b>	21,000	3.7
<b>Asian/Pacific Islander</b>	28,000	10.2
<b>Latino</b>	219,000	14.0
<b>American Indian</b>	<1,000	-

\* Estimates based on a cell size <20, corresponding to a relative standard error of > 23% of the point estimate, which may be statistically unstable.

- For purposes of confidentiality, results with cell sizes less than 5 are not reported.

<sup>4</sup> 2002-03 Los Angeles County Health Survey. Preliminary estimates provided for this publication by the Office of Health Assessment and Epidemiology, LA County Department of Health Services.

**TABLE 3: Percent of Uninsured Children (0-17 yrs old) by Federal Poverty Level\* in Los Angeles County, 2002-03.**

Family income	Number Uninsured	Percentage Uninsured
<b>less than 100% of FPL (&lt;\$18,859)</b>	150,000	16.6
<b>100% - 199% FPL (\$18,860 – \$37,718)</b>	103,000	13.0
<b>200% - 299% FPL (\$37,719 – \$56,577)</b>	17,000	4.5
<b>greater than or equal to 300% FPL (&gt;\$56,578)</b>	6,000	1.0

\* Examples based on 2002 Federal Poverty Level (FPL) thresholds for a family of four (2 adults, 2 children).

Health insurance coverage for children also varies by citizenship and birthplace. Notably, children of parents who were born outside the United States lack coverage in greater numbers when compared to children of parents who are U.S. born citizens (see TABLE 4).

**TABLE 4: Health insurance coverage of children (0-17) by parent and child place of birth and citizenship in Los Angeles County, 2002-03.**

	<b>Parent U.S. born citizen; Child citizen</b>	<b>Parent non-U.S. born citizen; Child citizen</b>	<b>Parent non-U.S. born non-citizen; Child citizen</b>	<b>Parent non-U.S. born non-citizen; Child non-citizen</b>
<b>PERCENTAGE UNINSURED</b>	3.8	8.6	11.0	45.5

Given these findings, it seems particularly important that any effort to increase access to health care consider disparities based on race/ethnicity, income and residency status. By addressing the gaps illustrated by the available data, coordinated efforts can have the greatest impact on the health and well being of children in Los Angeles County.

### Challenges and Barriers to Improving our Efforts

Due to the “patchwork” of programs that provide health coverage to children and their families, a variety of barriers may impact efforts to improve coverage and access to health care. While efforts to expand employer-based coverage experience one set of barriers, efforts to expand other health coverage programs are fraught with other difficulties.

In their draft paper, Implementing Children's Health Initiative in Los Angeles County, members of the Los Angeles Access to Health Coverage Initiative note that “barriers to expanding coverage are generally due to a patchwork health insurance system

comprised of public and non-profit entities that do not coordinate the outreach, eligibility and retention process to ensure that all eligible children are enrolled in publicly-funded health care.”

Parents' reasons for not enrolling their children in Medi-Cal or the Healthy Families program echo this concern. Parents, whose children were eligible for one of these programs, noted that they did not enroll their children for four primary reasons: 1) they believed they were not eligible due to income and residency requirements, 2) the amount of paperwork and/or association with welfare, 3) they didn't know if they were eligible, and 4) they thought their children didn't need health insurance.<sup>5</sup>

In addition to barriers faced by potentially eligible families, a multitude of barriers also exist for those seeking to improve systems issues associated with providing families with improved access to health care. These may include a lack of funding, a lack of public concern, disparate and competing efforts to increase coverage, impacts and implications of state and federal actions, and a lack of a coordinated, targeted effort to improve access to health care for children and families.

## **The LA Landscape**

What efforts have been and are currently underway to address this issue?

### **PUBLIC EFFORTS**

Two departments coordinate County efforts to improve access to health care through publicly funding health coverage: Department of Health Services and Department of Public Social Services. Often working collaboratively, these two departments administer funding, coordinate community based outreach, coordinate enrollment and retention efforts and plan and develop strategies for improving access to health care among the children and families of Los Angeles County. Specific examples of their efforts are discussed below. In addition, the efforts of First 5 LA, Kaiser Permanente, Blue Cross, the State of California and local agencies and communities contribute to ongoing efforts to improve the ability of the children of Los Angeles County to access health care.

### **Los Angeles County Department of Health Services (DHS)**

In 1997, DHS established the Office of the Children's Health Outreach Initiative to provide a mechanism for reducing the number of uninsured residents through a coordinated outreach effort for the various health coverage programs for low-income children. DHS currently administers the outreach, enrollment, utilization, and retention component of Healthy Kids. With this funding, DHS contracts with community-based agencies, school districts, and city health department for comprehensive outreach and

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<sup>5</sup> ER Brown, N, Ponce, T Rice, SA Lavarreda. *The State of health insurance in California: Findings from the 2001 California health Interview Survey*. Los Angeles, CA: UCLA Center for Health Policy Research, 2002.

enrollment into a variety of programs including Medi-Cal, Healthy Families, Child Health & Disability Prevention Program, Aid to Infants & Mothers, Kaiser Permanente-Kaiser Cares for Kids, Women Infants and Children (WIC), and California Kids. Contractors use a case management approach designed to maintain interaction with families to promote utilization of health services and retention of health benefits. In addition, DHS promotes the development of policies intended to improve the ability of children in Los Angeles County to access health care.

DHS also conducts "inreach" in its medical facilities, with the goal of eliminating missed opportunities to enroll eligible patients. All patients at DHS health centers and hospitals are screened for health coverage eligibility at the time of their visit, and on-site staff assist patients with completing program applications. Many DHS facilities have a DPSS Eligibility Worker on-site, to expedite the process of enrolling in Medi-Cal.

### **Los Angeles County Department of Public Social Services (DPSS)**

Since 1997, when a recommendation was submitted by the CPC asking the County to increase enrollment in Medi-Cal, the County has worked diligently to decrease the number of uninsured children through a variety of means, including:

- ❑ Child Medi-Cal Enrollment Project (CMEP): An innovative approach to enrollment, this project seeks to remove barriers such as inconvenient hours of operation, long lines, transportation and language barriers, to increase the number of families enrolled and retained on Medi-Cal.
- ❑ Section 1115 Waiver Medicaid Demonstration Project – Outreach and Enrollment: Promoting a philosophy of "Eligible until proven Ineligible" this project seeks to improve enrollment, redetermination forms and procedures to increase retention of current enrollees. Through Second Level Review, DPSS hope to ensure that eligibility for Medi-Cal is explored under all categories before benefits are terminated/denied.
- ❑ DPSS/Managed Care Collaborative Efforts: DPSS holds monthly meetings to discuss membership retention strategies. Through this effort, staff training, simplified redetermination forms, and improved processes for reminding enrolled members of their reenrollment date were developed.
- ❑ Health & Nutrition Access Workgroup: A workgroup comprised of representatives from County departments, community-based organizations, health care providers, client advocacy groups and others meets to discuss issues related to health and nutrition, including health access.
- ❑ "We've Got you Covered" Booklets: The award-winning publication developed by the Health and Nutrition Access Workgroup is published in eight languages and designed to inform residents of 25 free and low-cost health care programs available in Los Angeles County. Over 1 million copies of the booklet have been distributed to date.<sup>6</sup>

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<sup>6</sup> Health Care Outreach in Los Angeles County. 2003. Internal Report of the Los Angeles County Department of Public Social Services.

- ❑ Health and Nutrition Hotline: Through this program, staff provide information about eligibility, accept applications for Medi-Cal and provide case-specific problem resolution assistance. In addition, staff offer referrals to other programs that may be available to callers.
- ❑ Telephone Outreach: Through this campaign, a group of Eligibility Workers initiates personal contact to every recently terminated CalWORKS family to provide information about their continued healthcare eligibility and health care and nutrition options.
- ❑ School-based Outreach: Through partnerships with local school districts, DPSS has provided parents with information about public programs for which their children might be eligible. In addition, partnerships with local schools resulted in the creation of AB 59, Express Lane Eligibility, which was signed into law in 2001. DPSS is currently working with schools to implement this program.
- ❑ Public/Private Business Outreach and Job Developer/Employer Outreach: Through partnerships with local grocery stores, media outlets and small businesses, DPSS has initiated outreach and educational campaigns aimed at informing these constituencies about Medi-Cal and other public health insurance programs.
- ❑ Marketing Tools: To support the programs noted above, DPSS has also created marketing items to be distributed at health fairs, community functions and other events to attract potential applicants.

### **Long Beach Department of Health and Human Services**

The Long Beach Medi-Cal Outreach Program (MCO) of the Long Beach Department of Health and Human Services (DHHS) leads a Medi-Cal/Healthy Families (MC/HF) Collaborative involving clinics, schools, hospitals, and community-based organizations. The partners are culturally competent, speaking over 20 languages, and are able to reach families that would otherwise be underserved. Through this program, the Department provides outreach and enrollment assistance, retention education, utilization, and tracking to assist low-income families in obtaining comprehensive health care services.

#### **Collaboration with Los Angeles County DHS and DPSS**

- The Office of Children's Health Outreach Initiative (CHOI) funded the City of Long Beach DHHS for two years under Project 10A (Long Term Family Self Sufficiency Program) to reduce the number of uninsured children and families in Long Beach. Currently, we are funded under the Healthy Kids contract.
- Staff members attend the Health & Nutrition Access Workgroup/Barriers Meetings and local DPSS meetings on a monthly basis to address barriers and strategies for successful enrollment and retention.

#### **Collaboration with Kaiser Permanente Cares for Kids**

- The City of Long Beach Medi-Cal Outreach Program (MCO) was one of the first partners selected to pilot the Kaiser Permanente Cares for Kids (KPCK) Child Health Plan 1 and 2 programs in Los Angeles County.

#### **Collaboration with the Community**

- Long Beach Medi-Cal/Healthy Families Outreach Collaborative

- Information Updates such as meeting reminders, minutes, calendar of events and program/policy changes are sent to collaborative partners.

#### Health-E-App

- To date, the City of Long Beach MCO Program continues to rank as one of the top 20 enrollment entities statewide. We've provided enrollment assistance to over 1200 kids (795 families) using Health-E-App.

#### CHDP Gateway

- The Long Beach Medi-Cal/Healthy Families Collaborative has been working with CHDP Administration (DHHS) to outreach to families and providers about CHDP Gateway. Currently, staff follows up with families (200/monthly) to provide education, screening, referral, and enrollment assistance to free and low cost health insurance options such as Healthy Families, Medi-Cal, and Healthy Kids.

### **Healthy Kids**

First 5 LA has committed \$100 million over 5 years to fund the Healthy Kids program. The program, which will be administered by LA Care, is intended for children 0-5, living at or below 300% FPL, who are ineligible for other publicly funded insurance programs. The program stresses the importance of providing a comprehensive benefits package, improving enrollment, utilization and retention through partnerships and the importance of providing quality healthcare.

It is estimated that 15,000 children will be eligible for this program.

### **PRIVATE EFFORTS**

#### **Kaiser Permanente Cares for Kids**

The Kaiser Permanente Cares for Kids Child Health Plan is designed to complement and not compete with other health insurance programs available in the state. To that end, this program plans to enroll children who are in families with incomes above 200% and not more than 275% of the Federal Poverty Level (FPL), not eligible for public programs; not eligible for coverage paid in any part by an employer; and currently uninsured and uninsured for at least three months prior to application to the plan.<sup>7</sup>

As of September 1, 2003, 6,068 children enrolled in Los Angeles County. Enrollment to the program is currently closed due lack of funding.<sup>8</sup>

#### **California Kids**

CaliforniaKids Healthcare Foundation, an independent non-profit organization founded in 1992, provides uninsured children, ages 2 through 18, with access to basic health care services. Blue Cross of California, LA CARE Health Plan, Delta Dental, Vision Service Plan, Wellpoint Pharmacy, Magellan, and McKesson HBOC administer health services. Children are identified and enrolled in the program through partnerships with

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<sup>7</sup> L Kotis. *Kaiser Permanente Cares for Kids*. The Permanente Journal. Portland, OR, 1998. Accessed via the World Wide Web at [www.kaiserpermanente.org/medicine/permjournal/spring98pj/kpcares.html](http://www.kaiserpermanente.org/medicine/permjournal/spring98pj/kpcares.html).

<sup>8</sup> Luis Pardo. Electronic Communication. September 16, 2003.

School nurses, Head Start and Healthy Start programs, Child Care Councils, Child Health, Disability, and Prevention Program (CHDP), Access to Infants and Mothers (AIM), Boys and Girls Club, Big Brothers, Big Sisters, and Community Volunteers.

A total of 24,157 children are currently enrolled in this program. Enrollment into the program is currently closed due to lack of funding.<sup>9</sup>

## **STATE EFFORTS**

### **Child Health and Disability Prevention Program "Gateway"**

California Department of Health Services – Child Health and Disability Prevention (CHDP) Program will provide a "gateway" for uninsured children and families to access Medi-Cal and Healthy Families benefits through an automated pre-enrollment process. Trained staff will be able to determine eligibility for temporary enrollment into these programs through Medi-Cal Web site or a Point of Service (POS) device.

The automated pre-enrollment process will: 1) authorize a Benefits Identification Card (BIC). The card will be mailed to the family within 10 days of the CHDP visit; 2) print an immediate eligibility document so that the child can obtain necessary health care and/or pharmaceuticals; and 3) establish temporary eligibility during the month of application and the following month.<sup>10</sup>

### **SB 2**

On Saturday, September 13, the California Legislature passed SB 2, which would require small businesses to provide coverage to approximately 1 million of the state's working poor. The measure, will require that employers with more than 200 employees would have to provide benefits by January 2006, employers with 20 to 199 employees would have to provide benefits by 2007 and in both cases the employers would have to pay for at least 80% of the cost of coverage. According to the Los Angeles Times, the cost of coverage would be tax-deductible for the employers.<sup>11</sup>

The governor has 30 days to sign or veto the bill; if he takes no action the bill becomes law automatically.

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<sup>9</sup> California Kids. Enrollment Update. California Kids Foundation. Accessed via the World Wide Web at [www.californiakids.org/enrollframe.html](http://www.californiakids.org/enrollframe.html).

<sup>10</sup> California Department of Health Services – Child Health and Disability Prevention Program. General Overview of the CHDP Gateway. State of California. Accessed via the World Wide Web at [www.dhs.cahwnet.gov/pcfh/cms/chdp/gateway/overview.htm](http://www.dhs.cahwnet.gov/pcfh/cms/chdp/gateway/overview.htm).

<sup>11</sup> C Ingram, M Levin, G. Jones. Legislature OKs Small Business Health Coverage. *The Los Angeles Times*, September 14, 2003. (1).

### **AB 495**

Signed by the Governor in 2001, AB 495 will allow county operated health plans to provide the state match (35%) to draw federal Title XXI funds for local health insurance programs covering children between 250 percent and 300 percent of FPL.<sup>12</sup> Four counties, San Mateo, San Francisco, Alameda, and Santa Clara, were included in an initial submission to the Centers for Medicare and Medicaid Services (CMS). CMS has agreed to a second round of submissions that will include Los Angeles County.

Currently, questions about the initial round of submissions are being addressed, the outcome of which will determine the nature and timing of the effort to secure these funds for Los Angeles County.

### **SB 24 (Figueroa)**

This bill would create two electronic enrollment processes, the Prenatal Gateway and the Newborn Hospital gateway, to simplify enrollment of prenatal women and newborn infants into the Medi-Cal Program. The bill obtains Senate concurrence and proceeded to the Governor on September 11, 2003.

### **SB 921 (Kuehl)**

This bill would establish the California Health Care System and make all California residents eligible for health care benefits under a single-payer system.

## **OTHER**

### **Health-E-App and One-E-App**

These programs are designed to improve the ability of Certified Application Assistants to enroll eligible applicants into Healthy Families and Medi-Cal via a web-based system. Such a system would allow real-time eligibility determination, selection of plans and providers, electronic premium payment, and application confirmation and tracking. While this system is currently being discussed as an option for Los Angeles County more information must be collected to ascertain details about the costs and benefits of implementation.

### **Express Lane Eligibility (ELE)**

By linking enrollment into school-based lunch programs with enrollment of uninsured children into Medi-Cal and Healthy Families, this ELE is intended to reduce the number of uninsured children by simplifying the enrollment process for eligible children. The program is currently being piloted at select schools in the Los Angeles Unified School District.

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<sup>12</sup> AB 495 Update. Child and Family Coverage Technical Assistance Center. Accessed via the World Wide Web at [www.cfctac.org/policycenter/ab495update.html](http://www.cfctac.org/policycenter/ab495update.html).



### **The Children's Health Initiative Coalition**

The Children's Health Initiative Coalition, a group convened by The California Endowment, LA Care and the Los Angeles County Department of Health Services, is working to develop a countywide effort to improve health access for children by providing health coverage for all uninsured children in Los Angeles County.

The group, comprised of experts in the field of child welfare, health policy and advocacy, and health coverage, has established workgroups dedicated to: Policy Change, Program Integration, and Fundraising. These groups are currently meeting to define the role of each stakeholder and to launch a campaign to increase health coverage to the children of Los Angeles County.

### **Los Angeles Access to Health Coverage Initiative**

This five year, 20 million-dollar initiative, funded by The California Endowment, aims to increase access to quality and affordable health insurance for low-income, uninsured individuals in Los Angeles County. By establishing an Access to Health Coverage Coalition, headed by Community Health Councils Inc., the initiative hopes to improve the coordination of outreach, enrollment, retention, and utilization efforts to targeted populations in Los Angeles County. In addition, they hope to identify training and capacity building needs of member organizations, coordinate and provide training and resources to member organizations, and inform local policy and advocacy priorities directed at reducing the number of uninsured in the county.

### **HealthCoverageGuide.org**

A new web site, sponsored by the California HealthCare Foundation, provides information to California's small business owners (those employing 50 or fewer employees) about offering health benefits to their employees. The site provides independent, unbiased discussion of topics such as rights and regulations, tax implications, health coverage options, and links to additional resources.

## **COMMUNITY EFFORTS**

### **Service Planning Area (SPA)/American Indian Children (AIC) Councils**

Some of the SPA/AIC Councils have adopted work plans that include priorities related to Good Health and more specifically access to health care.

SPA Councils 1, 3 and 4 have included health access in their work plans for 2003. Strategies to increase access to care are based upon a model of community engagement to ensure that concerns, needs and assets of the community play an integral part in improving health care access. By engaging health care providers, residents, professionals and private and non-profit groups the councils hope to improve community knowledge and participation around issues of health.

## **What are the immediate and long-term policy implications?**

What is the opportunity before us to improve the lives of children?

With the decreasing financial security of local municipalities, the state and even the nation, many in the field believe that a more concerted effort locally may prove to have the greatest impact on the health of Angelenos. In addition, because of the complex nature of health access, many believe that any solution will require a coordinated effort that seeks to garner input and support from those who make, implement and feel the impact of policies intended to improve the ability of children to access health care.

In recommendations regarding policies that impact health access, researchers from the UCLA – Center for Health Policy Research (CHPR) urge “local jurisdictions [to] generate local resources and innovation to expand coverage of their residents.” They note that by mobilizing local communities, investing local resources, and designing policies that address the local environment, residents can promote the health of their community from within.<sup>13</sup>

In addition, the CPC, who is charged with submitting the final recommendations to the Board of Supervisors, supports the role that all communities can play in partnering with the county, businesses, schools, non-profit, for-profit and faith based organizations in their neighborhoods to improve community health and well being. Through the work of the Service Planning Area (SPA) Councils, and the American Indian Children's Council (AICC) the CPC strives to empower community leaders and promote community engagement strategies that improve the health and well being of our children.

As previously discussed, a variety of actions may improve the ability of children in Los Angeles County to access health care. Approaches include, but are not limited to:

**Increasing Enrollment and Retention into Health Coverage Programs** – Efforts to match eligible individuals with programs that remove economic barriers to health care will ensure that the all children have the means to access health care.

**Health Coverage Expansion** – Efforts to expand health coverage, even to those who do not meet the current requirements because of residency status, income and age, will help to ensure that all children can obtain affordable health care.

**Collaborative Action** – Efforts to link state efforts, county efforts, health care providers, community based clinics, non-profit organizations, and community residents will help ensure that resources can be allocated to ensure that all families and children have access to health care.

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<sup>13</sup> ER Brown, N, Ponce, T Rice, SA Lavarreda. *The State of health insurance in California: Findings from the 2001 California health Interview Survey*. Los Angeles, CA: UCLA Center for Health Policy Research, 2002.

While enrollment and retention of individuals into health coverage programs appears to be the most suitable area of focus, given the criteria for making this recommendation to the Board (see attachment B), it should be noted that a continued, long-term discussion of improving children's access to health care should include the following topics:

- ❑ **Transportation and geographic barriers to health access.**
- ❑ **Public perceptions of "welfare" and public assistance** that prevent some families from enrolling in health coverage programs.
- ❑ **Providing culturally and linguistically appropriate services** that take into consideration perceptions of health care, cultural practices and other issues related to racial, ethnic and historical background of residents.
- ❑ **Ensuring a standard of quality health care** such that everyone receives the same quality of medical services regardless of their source of coverage or provider.
- ❑ **Stressing the importance of preventive care** so that families understand the role the regular well-child visits can play in ensuring a bright future for the children of Los Angeles County.

**Questions to be addressed:**

1. What opportunities exist for county involvement?
2. What is the most appropriate action the county can take?
3. Is there a need for long-term discussion and planning around the issue of health access



Los Angeles County  
Children's Planning Council  
*Improving Children's Lives*

## **"SAFE, STABLE, NURTURING FAMILIES"** **BRIEFING PAPER**

**OCTOBER 3, 2003**

### **INTRODUCTION**

The Children's Planning Council believes that the social and emotional well-being and safety of children is paramount to their overall well-being. To achieve their potential, children need warm and secure relationships with parents and other caregivers. Social and emotional well-being sets the stage for how children feel about themselves, how they interact in the world and how they form and sustain healthy relationships. Similarly, children need to experience safe and secure relationships in order to develop into self-confident adults. To accomplish both of these outcomes, children must be given the opportunity to grow up in safe, stable, nurturing families.

Some of the indicators we rely on as proxies for children living in safe, stable nurturing families include child maltreatment referrals and number of children in out-of-home care. According to the *2002 California Report Card: Children's Critical Early Years*, produced by Children Now, the rate of California children in foster care declined between 1998 and 2000 but was still well above the national rate.<sup>1</sup> While Los Angeles County has one of the lowest child abuse referral rates in the state, it has some of the highest rates of children in foster care.<sup>2</sup> There were nearly 139,000 reports in which a child was referred to the LA County Department of Children and Family Services (DCFS) for maltreatment in Los Angeles County in 2002. According to the Children's ScoreCard, in 1999, there were 48,354 children in out-of-home placement at DCFS.<sup>3</sup>

### **OVERVIEW OF THE CURRENT SYSTEM**

The child welfare system consists of numerous federal, state, and local government agencies in addition to the courts and community organizations. While federal policy sets the framework for programmatic and fiscal decisions, California primarily establishes legal and administrative structures. Counties are responsible for administering child welfare services.

#### ***Federal, State, and Local Policies***

Various federal, state, and local policies establish certain goals and parameters for the welfare of children. The Adoption and Safe Families Act of 1997 promotes a focus on three goals: (1) safety, (2) permanence, and (3) well-being. This Act calls for federal services review procedures that ensure greater accountability to improve outcomes for

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<sup>1</sup> Children Now, *The State of Our Children*, 2002.

<sup>2</sup> Ibid.

<sup>3</sup> Children's Planning Council, *Children's ScoreCard 1995-1999*.

children in the child welfare system, in addition to mandating that states develop new permanency planning procedures and reduce the time by which permanency decisions are made. In response to its review, California developed the Program Improvement Plan (PIP), which establishes benchmarks and action steps for improving outcomes. Building on the federal outcomes, California Health and Human Services Agency developed California Child and Family Service Review (CCSFR) Outcomes and Indicators, a list of outcome measures to track performance of each county's child welfare department as well as the State's. (Appendix A) In 2000, the State convened the Child Welfare Services Stakeholders Group, charged with "creating and sustaining a flexible system, comprised of public and private partnerships, that provides a comprehensive system of support for families and communities to ensure the well-being of every child."<sup>4</sup> This group developed a vision for child welfare wherein communities share responsibility for protecting children and build the capacity of families, incidence of child maltreatment is reduced, and older foster youth have the support of a caring adult and are equipped to face adulthood.

DCFS defines "permanency" as "safe, stable, nurturing family relationship achieved through maintaining the child in the home, reunification, adoption, relative guardianship or other legal guardianship." Currently, DCFS is initiating a comprehensive action plan to reduce the length of stay for children in out-of-home placement and to increase the number of permanent families for children in foster care through reunification, guardianship, or adoption. However, given its primary mandate to protect children who are maltreatment, most of DCFS' focus and resources have been on providing services to children in the child welfare system. Less funding and attention is paid to preventing child maltreatment or to supporting families and communities to strengthen their capacity to ensure the safety and the social and emotional well-being of their children.

## **HOW ARE WE DOING: DATA ON CHILDREN IN THE CHILD WELFARE SYSTEM**

Los Angeles County has 32,867 children in foster care.<sup>5</sup> This amounts to 37% of California's over 89,000 children in foster care – a disproportionate amount, given that it has 29% of the child population.<sup>6</sup> Although child abuse referrals have been on the decline since 1996, it is not clear whether the lower numbers mean that actual incidents have decreased, or if there are problems with the reporting and investigation of cases.<sup>7</sup> Compared to the rest of the country, LA County has one out of every ten foster children in the nation.<sup>8</sup>

A disproportionate number of children in the foster care system – which account for almost 25% of all children in the system – are from SPA 6 (South LA).<sup>9</sup> Over two-thirds

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<sup>4</sup> CWS Stakeholders Group, *Summary of CWS Stakeholders Conceptual Framework*, February 2003.

<sup>5</sup> Needell, B., Webster, D., et al, *Child Welfare Services Reports for California*, University of California at Berkeley, Center for Social Service Research, <<http://cssr.berkeley.edu/CWSCMSreports/>>.

<sup>6</sup> Ibid. Children is defined as between 0 to 17 years of age.

<sup>7</sup> Op Cit. *Children's ScoreCard 1995-1999*.

<sup>8</sup> Annie E. Casey Foundation, *Advocasey*, Fall 2001/Winter 2002.

<sup>9</sup> Op Cit. *Children's ScoreCard 1995-1999*.

of the foster care population in Los Angeles is over the age of five. While in the care of the child welfare system, 87% of children experience two or fewer placements.<sup>10</sup>

As shown in the table below, the proportion of African-American children in the foster care system is over four times as high as their proportion of the population under age 18. Latinos are the second highest ethnic group in terms of absolute numbers. Together, they represent 84% of the children in the foster care system. Native Americans represent 0.25% of the under 18 population but are 0.5% of the child welfare caseload; this is double their proportion of the child population.

***Ethnicity & Age of Children in Child Welfare Supervised Foster Care in LA County***<sup>11</sup>

<i>Ethnicity</i>	<i>Number</i>	<i>%</i>	<i>Age</i>	<i>Number</i>	<i>%</i>
African American	14,239	43.3%	<1 year	1,200	3.7%
Hispanic	13,451	40.9%	1-2 years	3,071	9.3%
White	4,439	13.5%	3-5 years	4,322	13.1%
Asian/Other	562	1.7%	6-10 years	8,627	26.3%
Native American	143	0.5%	11-15 years	10,507	32.0%
Missing Data	33	0.1%	16+ years	5,140	15.6%
<b><i>TOTAL</i></b>	<b>32,867</b>	<b>100%</b>	<b><i>TOTAL</i></b>	<b>32,867</b>	<b>100%</b>

In addition to the children who become official cases in the child welfare system, many children come to the attention of the DCFS, but child maltreatment is not substantiated. The table below provides racial/ethnic data on child maltreatment referral and substantiations. African-American and American Indian children are twice as likely as White children to be substantiated as abused or neglected.<sup>12</sup> While research indicates that the average African-American child is not at any greater risk for maltreatment than the average White child,<sup>13</sup> African-American children represent 20% of the child maltreatment referrals and substantiations and over 40% of foster care population.

***Children with Child Maltreatment Referrals & Substantiations in LA County in 2002***<sup>14</sup>

<i>Ethnicity</i>	<i># of Child Maltreatment Referrals</i>	<i>% of Total Referrals</i>	<i># of Child Maltreatment Substantiations</i>	<i>% of Total Substantiations</i>
Hispanic	72,901	54.4%	17,428	56.7%
African American	27,416	20.4%	6,396	20.8%
White	20,835	15.5%	4,526	14.7%
Asian	4,009	3.0%	1,485	4.8%
Native American	241	0.2%	65	0.2%
Other	8,670	6.5%	855	2.8%
<b><i>TOTAL</i></b>	<b>134,072</b>	<b>100%</b>	<b>30,755</b>	<b>100%</b>

<sup>10</sup> Marjorie Kelly, Interim Director of Dept of Children and Family Services, *DCFS Quarterly Report*, March 2003.

<sup>11</sup> Op. Cit. Needell, B. et al. This data is as of January 1, 2003.

<sup>12</sup> Child Welfare League of America, National Data Analysis System (2003). Special data tabulation of 2000 AFCARS, 2000 NCANDS, and 2000 U. S. Census data.

<sup>13</sup> Sedlak, A., and Schultz, D., *Race differences in risk of maltreatment in the general child population*, 2001.

<sup>14</sup> Op. Cit. Needell, B et al.

## CHALLENGES AND OPPORTUNITIES

Below are a few of the challenges to consider in enhancing the prevention, intervention and permanency efforts of our current system, many of which are being addressed by Child Welfare Services Redesign.

- ***Need for earlier intervention***

As is the case for most child welfare agencies, DCFS has assumed a primary role in investigating child abuse reports and, when substantiated, removing children from those homes, placing them in alternative placement, and when possible reuniting them with their families. This is generally how resources within DCFS have been prioritized. This is partially attributable to the fact that funding (Title IV-E) is available for high-end services but relatively few resources and incentives are available to focus on prevention. Consequently, and historically, too little attention has been paid to *intervening earlier* to minimize disruption and trauma of the family. With appropriate resources, training and clear delineation of shared responsibilities, community and county agencies can provide support before serious maltreatment occurs.

- ***Balance of Trust and Accountability***

To address the multi-dimensional issues in child maltreatment, partnerships are vital. However, underlying this is the *balance* of trust and accountability. A Little Hoover Commission report states that there lacks clear accountability within child welfare.<sup>15</sup> Clearly, entities must be held responsible for achieving positive outcomes and demonstrate willingness to genuinely collaborate with others. To this end, partnerships based on some level of trust is also important, particularly when entities tend to turn their energies to assigning blame, rather than collectively discussing how to improve systems to best serve children and families. This leaves entities less likely to share power and responsibility. Although DCFS and the courts have ultimate legal responsibility for the well-being of the child, decision-making can be shared. As opposed to seeing shared decision making as an all-or-nothing matter, a flexible continuum of decision-making may be necessary wherein stakeholders have an explicit understanding of when and how information and decision-making are shared.

- ***Coordination and Caseload Issues***

Many policies attempt to affect the interaction between case worker and children/families. One of the issues is caseload. Typically, this requires that social workers devote more time to their cases; however, with the current caseloads, social workers find it difficult to spend the amount of time they would like or that children and families need. Commissioned by the California Department of Social Services, a study found that California's caseloads are twice the recommended levels in most service categories.<sup>16</sup> Limited coordination may exacerbate the issue. In other jurisdictions, systems attempt to maintain some continuity and information sharing among case workers. However, in Los Angeles, there are many hand-offs among case workers; work is duplicated or information is not shared with the next case worker. Case workers

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<sup>15</sup> Little Hoover Commission, *Still In Our Hands: A Review of Efforts to Reform Foster Care in California*, 2/2003.

<sup>16</sup> SB 2030 Child Welfare Services Workload Study: Final Report, April 2000, <<http://www.dss.cahwnet.gov/cws/sb2030final/pdf/section1.pdf>>

are limited to their part of the work and are not as connected to the larger picture of ensuring the well-being of children.<sup>17</sup>

## **EFFORTS TO ENSURE CHILDREN ARE IN “SAFE, STABLE, NURTURING FAMILIES”**

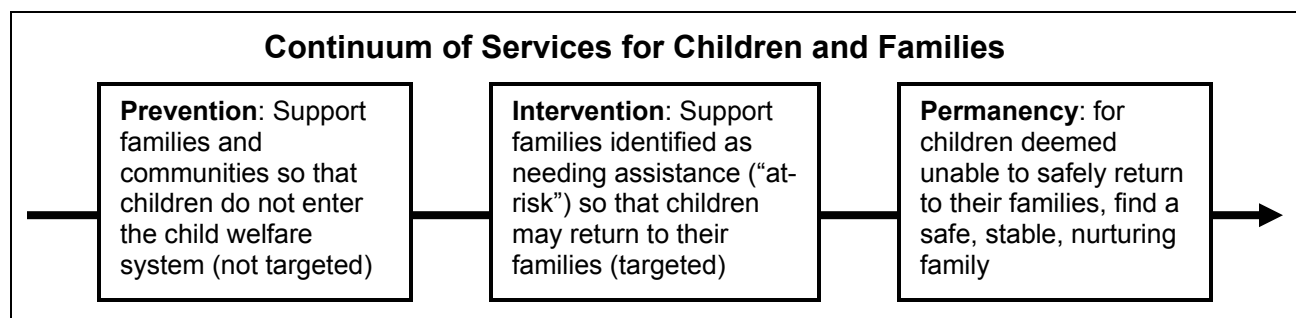
### ***The notion of collective responsibility***

The vision statement for the California Child Welfare Services Program is that “Every child in California lives in a safe, stable, permanent home, nurtured by healthy families and strong communities.” To this end, public and private partners must share collective responsibility for ensuring we realize this vision.<sup>18</sup> Therefore, many systems – in addition to those narrowly-defined as “child welfare” agencies – can contribute to ensuring children have safe, stable, nurturing families. A broad spectrum of community organizations, communities and government agencies can collectively share responsibility for supporting and building the capacity of families and communities; this includes schools, health systems, among others.

To effectively coalesce public and private partners toward a common goal, a broader framework within which to operate and promote collaboration in child welfare is needed. This does not preclude organizations from pursuing their respective strategies or approaches. Rather, we have a shared explicit understanding of how each organization’s work is connected to the larger picture and thereby articulate how agencies and organizations are linked to best meet the needs of children and families. This ultimately helps us jointly ensure children can live in safe, stable, nurturing families.

### ***Continuum of Services***

Services to ensure children live in safe, stable, nurturing families fall along a continuum of services to meet their range of needs.<sup>19</sup> Below is a proposed continuum with three components: Prevention, Intervention, and Permanency. The Prevention component supports the capacity of families and communities so that they provide a safe, stable, nurturing families for children. The Intervention component helps families who have had an interaction with the child welfare system and helps them provide safe, stable, nurturing families so that their children may return to their families. The Permanency component helps children find safe, stable, nurturing families when it is not deemed advisable to return to their original families.



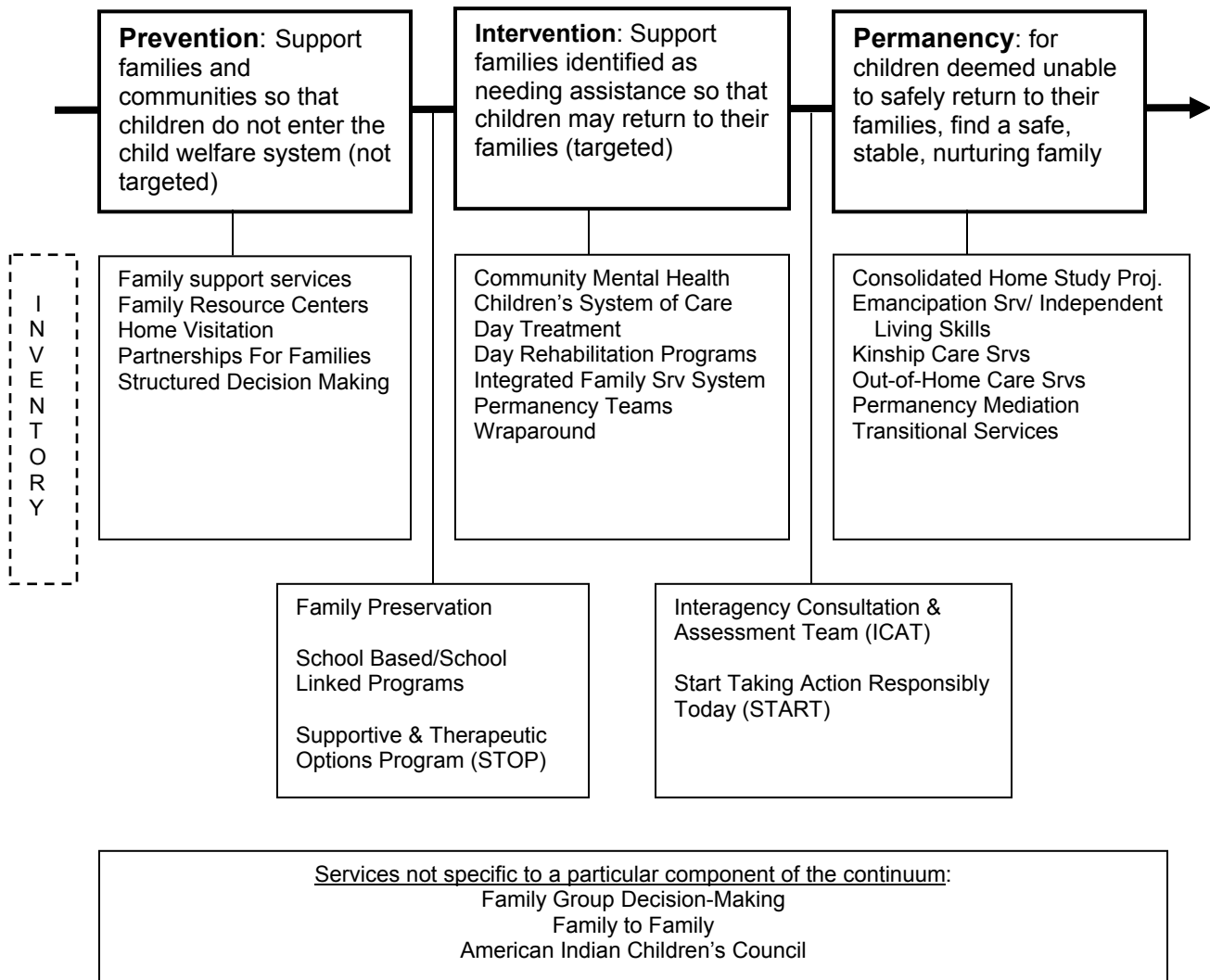
<sup>17</sup> John Mattingly, Annie E. Casey Foundation, phone conversation, October 1, 2003.

<sup>18</sup> California Health and Human Services Agency and California Department of Social Services, *Summary of CWS Stakeholders Conceptual Framework: Year Two Report*, February 2003.

<sup>19</sup> Hennepin County Children, Family and Adult Services Department, Continuum of Services document.



Below is a “map” of the continuum of services for children and families and for each corresponding component on the continuum is the beginning of an inventory of programs and/or services that are currently available or are in the planning phase. (See Appendix B for description of the programs/services.) This is not an exhaustive list but rather demonstrates how the work of different entities and programs can be connected to the continuum.



### BEST PRACTICES

Following are a few of the practices that have proven to be effective in increasing the number of children in safe, stable, nurturing families. In many of the best practices is the notion of building partnerships between community and governmental agencies where information, history of the child's case, among other things are shared to make more informed decisions.

### ***Family to Family***

Family to Family is demonstrating that child welfare agencies can effectively partner with communities to better care for children who have been maltreated. It better screens children who are being considered for removal from families, brings children in congregate or institutional care back to their neighborhoods, involves foster families as team members in efforts to reunify families and invests in the capacity of communities from which children in foster care come.

### ***Family Group Decision-Making***

Family Group Decision-Making (FGDM) is a coordinated conference where family members, friends, and other individuals meet with social workers to collectively develop a plan and monitor the safety, protection and care of children. Underlying FGDM is shared responsibility for protecting children among child protective agencies, the family, community agencies, extended family and friends. It is a strengths-based, family focused, child centered approach.

### ***Differential Response***

Differential Response is an emergency response method that seeks to engage families in a less adversarial process. Rather than focus on substantiation of child maltreatment as a requirement for families to receive services, in differential response, the emergency responder fact-finds and assesses the needs of the family. Families can then access a range of services that can include community services, voluntary Family Maintenance and court-ordered services.

## **STRATEGIC OPPORTUNITIES PROPOSED BY DCFS FOR COLLECTIVE ACTION**

Some of the priorities of the Department of Children and Family Services include: (1) supporting caretakers so children are not a part of the child welfare system, (2) reducing the amount of time for reunification with families and (3) finding families for children over age 14. Each respectively falls on the prevention, intervention and permanency (narrowly defined) components along the continuum.

(1) Ideally, children would not need to enter the child welfare system. To this end, efforts to prevent child maltreatment would focus on deepening the capacity of families and communities so parents/caretakers can provide the safe, stable, nurturing environment children need. As DCFS moves toward differential response, it will need the support and partnership of community and community providers to work with families so they may provide an environment where children can thrive.

(2) On average, children in the foster care system are safely reunified with their families after 24 months. During this time, the child is struggling with the trauma associated with separation from her/his family, and often also community separation, in addition to any other family issues/conflicts that resulted in removal. Reducing this period of time can reduce the severity of the negative repercussions of the child's separation from her/his parents/caretakers and potentially help stabilize the child's life.

(3) Due to the misconception that older children cannot find permanent families, children over age 14 are often not provided opportunities to have a family. In addition to it being important to provide independent living skills so s/he may develop into a self-realized adult, efforts can be made so that older foster children have emotional and social connection to a family. This support system is important for the healthy development of the young person.

## **CONCLUSION**

We are better able to address comprehensively the goal of ensuring more children live in “safe, stable, nurturing families” if it is not viewed as the sole responsibility of narrowly-defined “child welfare” agencies, but rather a shared responsibility among health and human service agencies and communities. Partnerships among public and private entities and communities are vital to achieving the ambitious goals in the Program Improvement Plan. In other successful initiatives nationally, a long-term effort among all partners to commit to developing mutually trusting relationships within and across County departments as well as with community partners has been critical. Like other relationships, there may be difficulties and challenges in negotiating the give and take; however, the potential and power of authentic partnership that strategically focuses efforts on improving outcomes for children and families far outweighs the alternative. Moreover, there appears to be convergence on the state and local level and therefore an opportunity to align efforts and resources to improve outcomes for children and families.

## **Questions to be addressed to develop the recommendation:**

- What opportunities exist for County involvement in ensuring that all children live in safe, stable, nurturing families?
- What is the most appropriate action the County can take?
- Is there a need for long-term discussion and planning around the issue of children living in safe, stable, nurturing families?



Los Angeles County  
Children's Planning Council  
*Improving Children's Lives*

## EARNED INCOME TAX CREDIT BRIEFING PAPER

October 2, 2003

### INTRODUCTION

The Children's Planning Council believes that the economic well-being of families is one of the greatest determinants of a child's well-being. It tells us whether children have resources to meet their needs for food, shelter, transportation, child care, health care, and education. Indeed, poverty can have a negative impact on a child's health and social and emotional well-being, it often determines whether a child experiences a safe and secure childhood, and if they have access to a good education.

According to the 2002 *California Report Card: Children's Critical Early Years* produced by Children Now, California ranks in the bottom fifth of all states according to its proportion of low-income families and, in 2000, had the eighth highest child poverty rate nationwide. Within California, Los Angeles had one of the highest rates. The most recent Los Angeles County Children's ScoreCard, which tracked indicators of child well-being between 1995 and 1999, indicates that "despite a strong economy, almost one-third of all children living in Los Angeles County remained in extreme poverty (at or below the Federal Poverty Level), and a troubling 54% teetered on the edge, living in 'low income' families."<sup>1</sup> In some communities across the county, this percentage is even greater, with the highest percentage of children living in poverty reaching 82% in South Los Angeles (SPA 6).

While there are various strategies for addressing the economic security of families, the Children's Planning Council believes that the Federal Earned Income Tax Credit can help reduce the number of children living under the poverty level and – over time – show an improved trend in the Children's ScoreCard for this indicator of economic well-being. Evidence of this has been cited by UCLA, which indicates that 19.6 million low income families nationally were helped out of poverty in 2002 after collectively earning \$33.2 billion via the EITC.<sup>2</sup> Despite this success, however, the Internal Revenue Service (IRS) estimates that at least 15-25% of eligible workers (approximately 250,000 residents) in Los Angeles County did not claim the credit during tax year 2002.<sup>3</sup>

This analysis will provide an overview of the EITC efforts within Los Angeles County, challenges and opportunities for increasing the number of families that file for the EITC, and identify broader linkages to inform the identification of opportunities for involvement, action, and planning aimed at improving the economic well-being of children and families in Los Angeles County.

## **OVERVIEW OF THE CURRENT SYSTEM**

The Federal EITC, established by Congress in 1975 and implemented by the IRS, is a refundable tax credit that serves as supplemental income for certain low- and moderate-income filers with earnings below 200% of the Federal Poverty Level (FPL) are phased out after reaching a maximum fixed amount (roughly double the FPL). The credit can be paid annually in a lump-sum payment or as a monthly wage supplement (See Appendix A). Most filers receive the credit annually and reinvest it in the local economy to pay for utilities, education, rent, home repairs, or transportation.<sup>4</sup>

Sixteen states and the District of Columbia have established their own EITC credit to supplement the federal credit and further boost the incomes of low-income families. The benefit of a state credit is that it effectively boosts the hourly wage for eligible workers.<sup>5</sup>

## **HOW ARE WE DOING?**

An analysis of EITC returns for 1997 indicates that Los Angeles County had the highest number of EITC returns in its history, 775,000, also the highest in comparison to other large U.S. metropolitan areas.<sup>6</sup> Los Angeles County residents accounted for approximately two-thirds of the state's 2.3 million EITC recipients.<sup>7</sup> A 2001 report by UCLA estimates that the Partnership's efforts raised total worker income by approximately \$30 million per year.<sup>8</sup>

Although actual EITC returns in Los Angeles County for tax year 2001 declined only modestly, up to a quarter of eligible recipients are still not claiming this benefit (Appendix B).<sup>9</sup> Were these workers to receive the credit, it would translate into an additional \$400 million in refundable credits.<sup>10</sup> Tax year 2002 provided \$1.2 billion dollars to EITC eligible workers, but estimates indicate that approximately \$434 million EITC dollars were left unclaimed during the same year.<sup>11</sup>

## **CHALLENGES & BARRIERS TO IMPROVING OUR EFFORTS**

In May 2003, the IRS has proposed a new application procedure for certain categories of applicants, namely foster parents, grandparents, relative caregivers, and single fathers (single mothers and married couples are excluded from this requirement).<sup>12</sup> Under the new procedures, applicants will have to prove that the child(ren) for whom they are claiming the credit has resided with them for at least six months by "pre-certifying" their residency via school records, medical records, leases or other "approved" documents. Families failing to provide child residency verification in a timely manner risk having their credit delayed and/or even denied. The initial estimates are that nationally, 25,000 families will be required to "pre-certify" for tax year 2003 (filing season 2004). The IRS has indicated it may extend this procedure to all workers in the target category, but as of yet, no final decision has been made.

Additional barriers to successful EITC outreach and education are due to the disparate awareness of the EITC itself. For example, a sample study in San Bernardino County indicates that awareness of the EITC varies by ethnicity, with Latinos, Native Americans, and Asians among the most underserved. Moreover, according to the 1999 National Survey of America's Families, only 42 percent of Latinos were aware of the EITC, compared to 64 percent of whites.<sup>13</sup>

Other challenges include:

- Across California, EITC utilization appears to be significantly below average among those recently transitioning from welfare to work in comparison to all EITC eligible applicants.<sup>14</sup>
- The “marriage tax penalty” is a significant deterrent for married couples, because it places the higher combined income of joint filers at EITC phase-out; resulting in a lower return.<sup>15</sup>
- Although many workers are aware of the EITC, many do not apply because they don't know they are eligible.<sup>16</sup>
- Similarly to the EITC, many consumers are not aware of their eligibility for other under-utilized federal programs such as health insurance and the Food Stamps program.<sup>17</sup>
- The City Infoline contract is set to be terminated in June 2004, despite the fact that during the first three years alone, approximately 15-16,000 calls were logged by the hotline.
- Nationally, poor consumer awareness about the dangers of rapid refunds is underscored by the 9x higher “rapid refund” utilization rate among EITC recipients; the average charge for this service is approximately \$90.<sup>18</sup>
- There are currently about 85 VITA sites throughout L.A. County, but they do not have the necessary funding for supplies, materials, site-specific advertising, or staff to train volunteers and coordinate tracking of data and reporting. Each VITA site is individually managed and operated without any standardization or streamlined effort for coordination. The only link between the sites is: (1) the City Infoline Hotline (caller referrals) and, two annual VITA site coordinator meetings sponsored by the agency Broad Spectrum (Appendix C).
- Finally, a challenge for outreach and education, particularly for Latinos, is the lower per capita EITC benefit return for families with more than one child; which may reduce their incentive to apply. Research dating back to 1998 indicates that one in five Latino families had three or more children and of families with two or more, over thirty percent were below the poverty level.<sup>19</sup>
- Unemployment, the high cost of living (especially rent), and transportation costs threaten the financial well-being of low-income families.

#### **THE LA LANDSCAPE: WHAT EFFORTS HAVE BEEN AND ARE CURRENTLY UNDERWAY TO ADDRESS THIS ISSUE?**

The City and County of Los Angeles entered into a partnership with state and federal agencies in 1997 after a University of California, Los Angeles (UCLA) study revealed that the EITC was underutilized. The partnership's formation was spearheaded by:

- City of Los Angeles Community Development Department (CDD)
- Los Angeles County Department of Public Social Services (DPSS)
- Los Angeles County Community & Senior Services (CSS)
- Internal Revenue Service (IRS), and
- The Metropolitan Transportation Authority (MTA).

This collaborative was named the EITC Campaign Partnership. During the initial phase of the Partnership, the City & County each provided funding for the EITC outreach and education efforts, as described below:

<b>County of Los Angeles</b>	<b>The City of Los Angeles</b>	<b>Metropolitan Transportation Authority</b>
\$70,000 and in-kind printing costs up to \$10,000.	\$70,000 for the Info-line hotline and office space.	Bus poster advertising fees waived.

The Partnership expanded in 1998 with the hiring of an EITC Director housed in the city's CDD department. A special web-site, [www.eitc-la.com](http://www.eitc-la.com), was also established providing taxpayers with EITC information and application procedures. Over time, Partnership membership expanded to include over 20 governmental entities, community based organizations, and financial institutions working collaboratively to expand outreach and education and to establish volunteer income tax assistance sites, referred to as VITA (Appendix C).

In 1999, the EITC Campaign Partnership's outreach efforts, which included eligibility offices, phone hotlines, press conferences, public service announcements, and "community information breakfasts" were responsible for dramatic increases in EITC filings, according to the Brookings Institution.<sup>20</sup>

By 2000, funding for staff, outreach, and materials by both the City and County of Los Angeles was virtually eliminated.<sup>21</sup> The need to continue the Partnership's work prompted the United Way of Greater Los Angeles to take up the leadership and provide primary funding for staff, resources, and materials of the Partnership. An expanded focus on financial awareness of programs such as individual development accounts (IDA's), financial education/literacy, free tax preparation assistance through VITA sites and family/child tax credits led to the Partnerships' name being changed to the *Asset-Building Task Force*.

The *Asset-Building Task Force* is currently the principal EITC collaborative in Los Angeles County. Each of the County Departments originally involved with the formation of the original Partnership continue to participate with the *Task Force* in varying capacities. Continued interest in the EITC is evidenced by an EITC kick-off breakfast campaign held in February of this year which included more than 400 organizations in attendance. As part of its on-going efforts, the Task Force is also coordinating efforts to provide financial literacy education on issues such as predatory lending practices, the

dangers of rapid refund loans and check cashing services, child tax credit and other benefits. The Task Force is also coordinating neighborhood based tax preparation assistance through 85 VITA sites that assist taxpayers with free tax preparation services (see Appendix D). The United Way is further strengthening the ability of low-income families to build wealth by acting as the lead agency in funding 15 organizations providing low-income families with Individual Development Accounts, referred to as IDA's (See best practices below).

A Board motion, introduced by L.A. County Supervisor Don Knabe, was adopted in August 1999, mandating that County contracts include language requiring sub-contractors to notify their employees about their EITC eligibility.<sup>22</sup> Four years later, another motion introduced by Supervisor Knabe requested that County departments promote the EITC, child tax credit, and the VITA program to employees and the general public via the EITC hotline, website, and posting of VITA sites on public bulletin boards.

Additionally, leadership and advocacy provided by Neighborhood Legal Services of Los Angeles County led to the introduction of legislation by Assemblymember Gil Cedillo and Senator Deborah Ortiz for the establishment of a state EITC set at 15% of the federal credit. The legislation was first introduced in 2001 and subsequently every year. Successful passage of the bill would have provided low-income families with an additional \$601 credit (two or more children) and a \$364 credit (one child) to supplement their federal credit.<sup>23</sup>

In Service Planning Area 8, the council has made increasing enrollment in the Earned Income Tax Credit a priority. The council's strategies include developing an on-going information and outreach campaign and establishment of a collaborative in their area.

### **WHAT ARE SOME "BEST PRACTICES" IMPORTANT FOR US TO KNOW?**

Many of the local, coalition-driven EITC initiatives throughout the country have built on the EITC's strengths by combining it with other asset development strategies. The following is a menu of other approaches that are being used in some combination throughout the country:

**Locally based outreach** – Currently, there are more than 27 local EITC campaigns throughout the country which have been designed and implemented using a combination of outreach and education strategies. For example, some campaigns utilize local media such as bill stuffers in gas and electric utility bills and paycheck stubs, newsletters, and posters. Many state programs have advertised the credit in local welfare offices by posting banners and requiring that case workers educate recipients about the potential amount of credit they could receive. Tulsa, Oklahoma successfully included the local Housing Authority, temporary employment agencies, hospitals, child care facilities and faith-based organizations.<sup>24</sup> Another successful effort took place in Chicago, Illinois, which launched a major partnership between the Chamber of Commerce, private foundations, and local government that doubled the number of filers via notices on grocery bags, foster parent handbooks, and ads on public buses.<sup>25</sup> In Los



Angeles, researchers at UCLA reported that the least successful outreach tool was through paid media, especially billboards. The most successful outreach strategy was building capacity for community based organizations serving low income families via training, outreach services, and targeted media events such as press conferences and public service announcements.<sup>26</sup> Schools in Lynn, Massachusetts, survey all in-coming students to determine their eligibility for Medicaid/CHIP as part of their overall outreach and enrollment campaign. Similar efforts are evident in Chicago, Illinois, where EITC information goes out to parents along with school report cards.<sup>27</sup>

**IRS sponsored Volunteer Income Tax Assistance sites (VITAs) and Community Tax Clinics** - provide free tax preparation assistance to consumers. One of the many benefits of VITA sites is that they provide significant worker protection against unscrupulous paid tax preparers who charge exorbitant fees. According to the Brookings Institution, families filing for the EITC with paid tax preparers can pay up to \$200 for all of the forms completed, in addition to the rapid refund loan fees.<sup>28</sup>

**Individual Development Accounts (IDA)** - IDA's are savings programs with matched contributions from private and/or public sources. Currently, there are approximately 10,000 accounts managed by three hundred IDA programs throughout the U.S. IDA's provide low-income families with numerous benefits, including enabling families to use the program to pay for capital expenditures such as home purchases and education. Other accounts are funded via non-profit organizations and financial institutions and, at least 28 states are planning to integrate IDA's into their Temporary Assistance for Needy Families (TANF) programs. Because low-income workers, especially Latinos, tend to rely on expensive check-cashing retailers instead of bank accounts, IDA's provide an important incentive and support toward saving.<sup>29</sup>

**San Antonio, Texas EITC local campaign** – The City of San Antonio manages an EITC web-site that includes information on other local campaigns, publications, toolkits, and other resources. San Antonio's EITC campaign combines EITC outreach with VITA assistance, education on the child tax credit, and IDA promotion.

**State and Local Credits** – As noted previously, sixteen states have established their own credits, set at a matching rate to the federal EITC, which are allocated based on a percentage of the federal credit varying anywhere from 10-50 percent.<sup>30</sup> Similarly to the federal credit, a state credit benefits both workers and the local economies through sales taxes and other services.

**Corporation for Enterprise Development** - To facilitate dialogue about asset-building as an anti-poverty strategy, the Corporation for Enterprise Development created a state-based report card evaluating progress in asset distribution and policy. The tool, which includes 68 socioeconomic and policy measures, grades states on asset accumulation, distribution, and consumers asset protection.

**Additional economic strategies available to working families include:**

- Child Tax Credit (CTC), which provides a refundable cash payment for families with children below 17 years of age amounting to \$600-\$1000 in 2004, by 2005, the credit will be reduced to \$700.
- Dependent exemption of up to \$3,050 per child (as of 2003).
- Single head of household status which applies to tax brackets and standard deductions lower than those applied to individuals without children and married filers.

**WHAT IS THE VISION/OPPORTUNITY BEFORE US TO IMPROVE THE LIVES OF CHILDREN AND FAMILIES? WHAT ARE THE POLICY IMPLICATIONS?**

As indicated, there is a commitment in Los Angeles County, as well as numerous efforts throughout the country, to help families build assets, establish long-term savings, and improve their overall economic well-being by augmenting their employment opportunities, income, and resources.

Short-term strategies linking the EITC with other income enhancements such as the Child and Dependent Credit, Medi-Cal, and food stamps may help families meet, at a minimum, their most basic needs. Other programs available that might be combined include child care and housing subsidies that when used in concert with other strategies, may help families transition well above the current poverty line. Local targeted outreach has proven to be the most effective tool in educating eligible workers about the EITC and other benefits. Strengthening outreach to provide individually-tailored financial counseling to non-EITC users may also increase the number of claims. Potential opportunities exist through schools, health care settings, family resource centers, employers, and local businesses.

Longer-term strategies to strengthen communities, improve the local economy, and assist small business may include the creation and sustainability of community tax clinics that provide no-cost tax preparation assistance. The challenge, according to the Brookings Institution, is that even with \$20 million in funding, clinics would be unable to meet the demand for assistance.<sup>31</sup> The dearth of these services, however, results in millions of EITC dollars lost to commercial tax preparers by unaware consumers forced to pay high interest rates and fees.

Linking tax preparation assistance with banking opportunities for low-income families, especially families transitioning from welfare-to-work may also provide for their long-term sustainability.

**QUESTIONS TO BE ADDRESSED:**

1. What opportunities exist for county involvement?
2. What is the most appropriate action the county can take?
3. What are some best practices that Los Angeles County can utilize?

4. Is there a need for long-term discussion and planning around the issue of economic well-being?

## ENDNOTES

<sup>1</sup> Los Angeles County Children's ScoreCard, Children's Planning Council, 2002.

<sup>2</sup> Hotz, Joseph V.; Mullin, Charles; Scholz, John Karl. *Trends in EITC take-up and receipt for California's welfare population, 1992-1999*. University of California, Los Angeles. August 2003, p. 1.

<sup>3</sup> Los Angeles County Children's ScoreCard, Children's Planning Council, 2002.

<sup>4</sup> Berube, Alan and Forman, Benjamin, *A local ladder for the working poor: The impact of the earned income tax credit in U.S. Metropolitan areas*, The Brookings Institution, June 2001. Center on Urban & Metropolitan Policy in collaboration with the National League of Cities. Also see: September 2001; EITC series; California Budget Project, 2001 Budget Brief. March 2001. *How can a state earned income tax credit help California's working poor make ends meet*.

<sup>5</sup> Memorandum by Neal Dudovitz and Josh Stehlik, Los Angeles County Neighborhood Legal Services, February 2003.

<sup>6</sup> Brookings Institution, June 2001, p. 1.

<sup>7</sup> Children Now, Working Families. California Earned Income Credit Report, May 2000. *Where Credit's Due: What a state earned income credit means for California's children*, p. 5. See also: Hotz, Joseph V.; Mullin, Charles; Scholz, John Karl. *Trends in EITC take-up and receipt for California's welfare population, 1992-1999*. University of California, Los Angeles. August 2003.

<sup>8</sup> Sander, Richard, *The Los Angeles EITC Outreach Program – Evaluation Report*. UCLA School of Law, May 23, 2001, p. 2.

<sup>9</sup> Internal Revenue Service, 2003.

<sup>10</sup> I.R.S. letter, p. 2, April 11, 2003.

<sup>11</sup> I.R.S. document, 2003

<sup>12</sup> Greenstein, Robert. Center on Budget Policy & Priorities, What is the magnitude of EITC overpayments?, p. 1. May 20, 2003.

<sup>13</sup> Maximus, *Awareness and use of the earned income tax credit among current and former TANF recipient*, p. 1. Telephone survey conducted in 2000. See also, Phillips, Katherin Ross. *Who knows about the earned income tax credit?* New Federalism: National Survey of America's Families. The Urban Institute. Series B, No. B-27, January 2001.

<sup>14</sup> Hotz, V. Joseph, Mullin, Charles, Scholz, John Karl. *Trends in EITC take-up and receipt for California's welfare population, 1992-1999*. August 30, 2003.

<sup>15</sup> National Council of La Raza, April 2000, p. 6.

<sup>16</sup> Sander, Richard, *The Los Angeles EITC Outreach Program – Evaluation Report*. UCLA School of Law, May 23, 2001, p. 3. See also: National League of Cities, Helping Working Families action kit for municipal leaders, p. 4.

<sup>17</sup> Sander, Richard, p. 5.

<sup>18</sup> The Brookings Institution: Center on Urban and Metropolitan Policy. Alan Berube, Senior Research Analyst. *The price of paying taxes: tax prep, rapid refunds and the EITC*. Tax Coalition Conference. June 21, 2002.

<sup>19</sup> National Council of La Raza, April 2000, p. 2.

<sup>20</sup> Brookings Institution, September 2001, p. 9. See also: Richard Sander, p. 2, follow-up data suggests that nearly 4,000 of callers surveyed via the City's Info-line hotline successfully received the EITC.

<sup>21</sup> Sander, Richard, *The Los Angeles EITC Outreach Program – Evaluation Report*. UCLA School of Law, May 23, 2001, p. 3.

<sup>22</sup> SYN. NO. AGN. NO. Motion by Supervisor Don Knabe, August 3, 1999.

<sup>23</sup> California Welfare Legislative Update, Western Center on Law & Poverty, January 17, 2001. *Cedillo introduces state EITC bill*.

<sup>24</sup> Brookings Institution, September 2001, p. 9

<sup>25</sup> Welfare Information Network, Vol. 4, #4, 2000. Issue Notes. *The Earned Income Tax Credit*. Friedman, Pamela, p. 8.

<sup>26</sup> Sander, Richard, p. 4.

<sup>27</sup> National League of Cities, Helping Working Families action kit for municipal leaders, p. 4.

<sup>27</sup> Sander, Richard, p. 5.

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<sup>28</sup> The Brookings Institution: Center on Urban and Metropolitan Policy. Alan Berube, Senior Research Analyst. *The price of paying taxes: tax prep, rapid refunds and the EITC*. Tax Coalition Conference. June 21, 2002, p. 4.

<sup>29</sup> State Credit: Colorado, District of Columbia, Illinois, Iowa, Kansas, Maryland, Maine, Massachusetts, Minnesota, New Jersey, New York, Oregon, Rhode Island, Wisconsin, Vermont  
Refundable Credit: Colorado, Vermont, Kansas, Maryland, Massachusetts, Minnesota, New Jersey, New York, Wisconsin.

<sup>30</sup> National Council of La Raza, Issue Brief, April 2000, No. 1. *Hispanic families and the earned income tax credit*, p. 3-4. See also, Sander, Richard, p. 5.

<sup>31</sup> The Brookings Institution: Center on Urban and Metropolitan Policy. Alan Berube, Senior Research Analyst. *The price of paying taxes: tax prep, rapid refunds and the EITC*. Tax Coalition Conference. June 21, 2002.

## Appendix A

### EITC ELIGIBILITY CRITERIA

The advance-EITC is only available to workers with children. The credit is paid to workers raising one child, up to 60% of a worker's maximum credit as an additional amount in their paychecks.

**Table 1- EITC eligibility**

<b>EITC credit amount for tax year 2003 is:</b>	
☞	Workers raising two or more children with a family income of less than \$33,692 (\$34,692 for married filing joint) may qualify for a credit of up to \$4,204.
☞	Workers raising one child with a family income of less than \$29,666 (\$30,666 for married filing joint) may get a credit of up to \$2,547.
☞	Workers, with no children, between ages 25 and 64 earning income below \$11,230 (\$12,230 for married filing joint) may receive an EITC of up to \$382.
☞	Individuals without qualifying children may receive up to \$358 (I.R.S. document, 4/2003).

#### Additional Eligibility Criteria

- Available to non-traditional caregivers such as grandparents, aunts/uncles, stepparents, foster parents, other relatives and single fathers.
- Very low-income married or single workers between the ages of 25 and 64, not raising a qualifying child.

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**APPENDIX B**
**Table 3 – Internal Revenue Service City and County EITC Utilization**

<b>Los Angeles County Year-to-Year Total Income Tax Returns</b>			
Total Returns Filed	Tax Year 1999	Tax Year 2000	Tax Year 2001
	3,723,348	3,793,509	3,854,343
Returns with EITC	769,341	754,761	768,212
Sum of EITC	\$1, 328,578,449	\$1,303,781,289	\$1,349,015,110
Average EITC	\$1,727	\$1,727	\$1,756
Returns w/ child credit	790,763	805,785	807,315
Paid Preparer returns	2,487,146	2,451,206	2,585,267
VITA prepared returns	5,327	5,144	5,224

<b>City of Los Angeles Year-to-Year Total Income Tax Returns</b>			
Total Returns Filed	Tax Year 1999	Tax Year 2000	Tax Year 2001
	835,943	849,953	869,905
Returns with EITC	236,977	232,212	235,944
Sum of EITC	\$422,826,711	\$414,541,273	\$429,218,004
Average EITC refund	\$1,784	\$1,785	\$1,819
Returns w/ child tax credit	158,438	162,412	162,584
Paid Preparer Returns	566,793	559,918	595,413
VITA prepared returns	1,264	1,222	1,270

Data from Internal Revenue Service, Wage and Investment Board, 2003.

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**APPENDIX C**
**Table 2 - EITC Campaign Partnership Members**

<b>The City of Los Angeles Community Development Department and Workforce Investment Board</b>	<b>Social Security Administration</b>
<b>Los Angeles County Community and Senior Services Department</b>	<b>Los Angeles County Department of Public Social Services</b>
<b>Los Angeles County Workforce Investment Board</b>	<b>State of California Employment Development Department</b>
<b>Catholic Charities</b>	<b>United Way of Greater Los Angeles</b>
<b>Community Partners</b>	<b>Valley Economic Development Center, Inc.</b>
<b>Fair Housing Institute</b>	<b>The Welfare-To-Work Leadership</b>
<b>The Federal Executive Board of Greater LA</b>	<b>Federal Deposit Insurance Corporation</b>
<b>Goodwill Industries</b>	<b>State Board of Equalization</b>
<b>City of Los Angeles Housing Authority</b>	<b>Councilman Eric Garcetti</b>
<b>Info-Line of Los Angeles</b>	<b>Metro North Work Source Center</b>
<b>LACOE Headstart</b>	<b>US Bank</b>
<b>Mayor's Office of Economic Development</b>	<b>Broad Spectrum</b>
<b>Neighborhood Legal Services of Los Angeles County</b>	



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**APPENDIX D**
**Table 4 - Los Angeles County Volunteer Income Tax Assistance Sites (VITA)**

<b>ORGANIZATION</b>	<b>CITY</b>	<b>ZIP CODE</b>	<b>Sponsor</b>
Graham Public Library	Los Angeles	90001	Graham Public Library
Saint Lawrence of Brindisi	Los Angeles	90002	Loyola Law School
Grant AME Church	Los Angeles	90002	Grant AME Church
Broad Spectrum Community Development	Los Angeles	90003	Broad Spectrum / Loyola Law School
Guatemalan Unity Information Agency	Los Angeles	90004	Guatemalan Unity Information Agency
Korean Central Daily	Los Angeles	90005	CSUN
Wilshire-Koreatown One-Stop Center	Los Angeles	90010	Wilshire-Koreatown One-Stop Center
Chinatown Branch Library	Los Angeles	90012	IRS Employee
Chinatown Service Center	Los Angeles	90012	Loyola Law School
Japanese Pioneer Center	Los Angeles	90012	Japanese Pioneer Center
Our Lady Queen of Angels Church	Los Angeles	90012	Our Lady Queen of Angels Church
Immaculate of Conception Church	Los Angeles	90015	Loyola Law School
Los Angeles Trade Technical College	Los Angeles	90015	Loyola Law School
New Mount Moriah Baptist Church	Los Angeles	90016	New Mount Moriah Baptist Church
West Angeles Church of God in Christ	Los Angeles	90016	West Angeles Church of God in Christ
Office of Honorable John Chiang State Board of Equalization	Los Angeles	90017	Office of Honorable John Chiang State Board of Equalization
Centro Maravilla Service Center	Los Angeles	90022	Central Maravilla
Mexican American Opportunity Foundation	Los Angeles	90023	Mexican American Opportunity Foundation
Santa Isabel Catholic Church	Los Angeles	90023	Santa Isabel Catholic Church
University of California, Los Angeles (UCLA)	Los Angeles	90024	UCLA
Felicia Mahoo Senior Center	W. Los Angeles	90025	Loyola Law School
Bellmont High School	Los Angeles	90026	ROP
Echo Park Library	Los Angeles	90026	Echo Park Library
Blessed Sacrament Church	Hollywood	90028	Loyola Law School/ Blessed Sacrament
Los Angeles City College	Los Angeles	90029	Los Angeles City College
Metro North Source Center (Goodwill)	Los Angeles	90031	GOODWILL
Cal State University Los Angeles	Los Angeles	90032	CSULA
Boyle Heights Senior Center	Los Angeles	90033	Boyle Heights Senior Center
AFTRA & Screen Actors Guild	Los Angeles	90036	AFTRA & Screen Actors Guild
Cristo Rey Church	Los Angeles	90039	CSUN
City of Commerce North Annex	Los Angeles	90040	City of Commerce North Annex
Fairfax Adult School	Los Angeles	90046	CSUN
Mew Mount Calvary Baptist Church	Los Angeles	90061	Mew Mount Calvary Baptist Church
East Los Angeles Neighborhood Center	Los Angeles	90063	East Los Angeles Neighborhood Center
Saint Gerald Magella Church	Los Angeles	90066	Loyola Law School
University of Southern California	Los Angeles	90089	USC
Bell Gardens Community Service Center	Bell Gardens	90201	Bell Gardens Community Service Center
Willow Brook Project	Compton	90222	Willow Brook Project
Huntington Park Library	Huntington Park	90255	Huntington Park Library
Lealand R. Weaver Library	Southgate	90280	Lealand R. Weaver Library
Saint Joseph's Center	Venice	90291	Venice Community Housing
Venice Community Housing	Venice	90291	Venice Community Housing
Norwalk Social Service Center	Norwalk	90650	Norwalk Social Service Center

The Neighborhood Center Social Service	Santa Fe Springs	90670	The Neighborhood Center Social Service
Southeast Regional Occupational Center	Cerritos	90703	ROP
Altadena United Methodist Church	Altadena	91001	Altadena United Methodist Church
Monrovia Adult /One Stop	Monrovia	91016	ROP
California School of Culinary Arts	Pasadena	91101	Cal Poly Pomona
Pasadena Central Library	Pasadena	91101	Loyola Law School
Villa Park Community Center	Pasadena	91101	Villa Park Community Center
Jackie Robinson Center	Pasadena	91103	Jackie Robinson Center
La Pintoresca Library	Pasadena	91103	Loyola Law School
Santa Catalina Library	Pasadena	91104	Loyola Law School
United Methodist Church	Northridge	91324	CSUN
CSUN - 1	Northridge	91324	CSUN
CSUN - 2	Northridge	91324	CSUN
MEND	Pacoima	91331	CSUN
Financial Development Corporation	Pacoima	91331	Financial Development Corporation
Pacoima Work Force Development Initiative	Pacoima	91331	Pacoima Work Force Development Initiative
Mary Immaculate Church	Pacoima	91331	CSUN
Office of Councilman Zine	Reseda	91335	CSUN
Las Palmas Park	San Fernando	91340	CSUN
Santa Rosa Center	San Fernando	91340	CSUN
Mid-Valley Regional Library	North Hills	91343	CSUN
Granada Hills Branch Library	Granada Hills	91344	CSUN
LA Pierce College	Woodland Hills	91371	LA Pierce College
Van Nuys Federal Building	Van Nuys	91401	CSUN
Panorama City Library	Panorama City	91402	CSUN
Burbank Main Library	Burbank	91501	Woodbury College
Saint Patrick's Church	N. Hollywood	91606	CSUN
Azusa City Library	Azusa	91702	Cal Poly Pomona
Claremont Public Library	Claremont	91711	Cal Poly Pomona
Rep. David Drier's Office	Covina	91723	Cal Poly Pomona
Jack Crippen Senior Center	El Monte	91731	Jack Crippen Senior Center
South El Monte Senior Center	South El Monte	91733	South El Monte Senior Center
El Monte Vietnamese Seventh-Day Adventist	El Monte	91734	El Monte Vietnamese Seventh-Day Adventist
Glendora Public Library	Glendora	91741	Cal Poly Pomona
Hacienda Heights Library	Hacienda Hts	91745	Cal Poly Pomona
Hacienda La Puente Adult Education	La Puente	91746	Hacienda La Puente Adult Education
Bonita High School	La Verne	91750	Bonita High School
Bruggermyer Memorial Library	Monterey Park	91754	Bruggermyer Memorial Library
Pomona Public Library	Pomona	91766	Cal Poly Pomona
Cal Poly Library	Pomona	91768	Cal Poly Pomona
Devry Institute of Technology	Pomona	91768	Devry Institute of Technology
San Dimas Library	San Dimas	91773	Cal Poly Pomona
West Covina Library	West Covina	91790	Cal Poly Pomona
Boys & Girls Club, Simi Valley	Simi Valley	93063	Boys & Girls Club, Simi Valley
Loyola Law School	Los Angeles	90015	Loyola Law School